MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH Prince George's 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY a. STATE b. COUNTY, MARYLAND b. CITY OR TOWN (If outside torporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside carparate limits, write RURAL and give nearest fawn) completely filled in by Toye carbon papers. Pa Takoma Park Jakoma Park Months e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1215 Kirklynn Ave 1213 Kirklunn Ave YES NO 3. NAME OF First Middle 4. DATE quant 1969 and camptetely DECEASED (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years last birthdoy) S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove Months Days Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign cauntry) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY SSN. COUNTRY? of Mach Denmark Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Jacob 215 Kirklynn Aveddress Jk. Pk. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) Daughter 578-01-6318a 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) the haspital ar attending physician. DUE TO Canditions, if any, which gove rise to immediate cause (a), BUE-TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health prior ta O HOSPITAL OR ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o.m. Not While factory, street, affice bldg., etc.) at wark 7. to Oces 25, 1967, that (1) (we) last 21. I certify that (1) (this hespital) attended the deceased fram Ses 1967, and that death accurred at 1115M, from courses and an the date stated above saw the deceased alive an Occa 22 22b. DATE SIGNED 22o. SIGNATURE PHYS DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 017 Unin Rlud 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Cedar Hell Cemetery 1967 ylenn Charles Judge VR A15 (4) 20 M 1/66 8434 Ga. Ave. S.S .. Pumphrey Inc.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11348 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Page 0 10 Prince George's MARYLAND Maryland Prince George's delay b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) C LENGTH DE STAY IN 16 c. CITY DR TOWN (If autside corparate limits, write RURAL and give nearest tawn) gud DOA Muirkirk Cheverly d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENC d. STREET ADDRESS Torm ON A FARM? in Item 18. Give Poges YES NO Prince George General Hospital 7606 Muirkirk Road This certificate should be executed within 24 hours after death. Chief Medical Exominer's Office along with 4. DATE NAME OF Middle Last Month Day Year DECEASED (Type or print) DEATH Admiral Anderson IF UNDER 24 HR S. SEX 6. CDLOR OR RACE 8. DATE OF 8IRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours 72 hours ofter deoth WIDOWED DIVORCED Male 14 May 1907 Negro 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN DE WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil <u>_</u> WAS DECEASED EVER IN ILS ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or upknown) (If yes give wor or dates of service within HUIRKIRK INTERVAL SETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE (AUSE (o) Heart failure writing the word DUE TO Arteriosclerotic heart disease over 8 mo. he ony Conditions, if ony, which gove rise to immediate cause (a), forwarded to = DUE TO stoting the underlying couse puo last OSD be used 19. WAS AUTOPSY PERFORMED? or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO S the certificote, pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should pluods PRIMARY I or CONTRIBUTING I CAUSE OF DEATH cremotion, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Not While Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page While of work 21. I certify that I took charge of the remains described above, beld an Autapsy Inspection x Inquiry x and in my apinian Natural causes X death resulted fram: Undetermined manner Accident Suicide Hamicide funerol director be refoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER ro FUNE Health may John/Kehoe, M.D. NAME (Type) Riverdale, Md. Address (Street, city, town, or county) 8-15-67 23d LOCATION (City or Town (State) REMOVAL (Specify) UIRKINK 25b. REGISTRAR'S SIGNATURE VR A15ME

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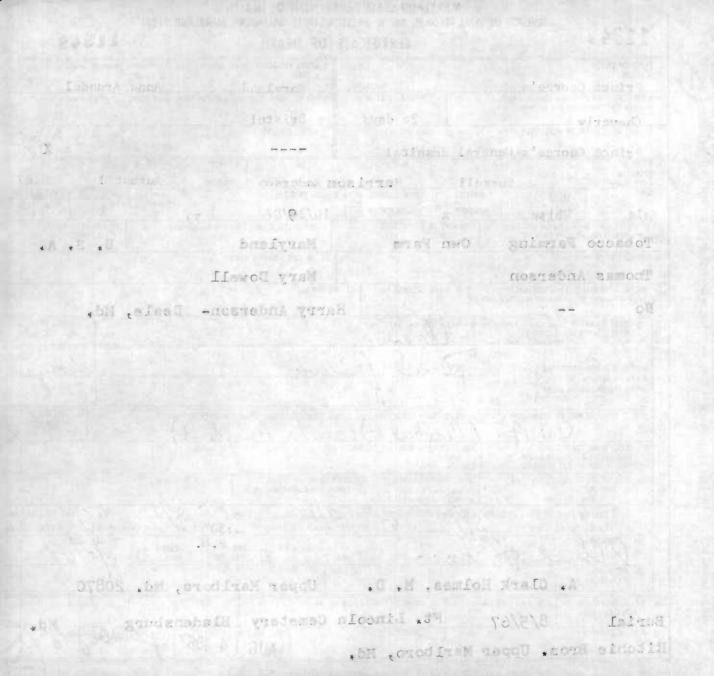
11347

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

CERTIFICATE OF DEATH

11349

	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (V	Where deceosed live	d, if institution		e before	odmissior	1)
		George's		MARYLAND	Marylan	d		e Arui	nde1	1	/
	b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if ou					town)	
		d give neorest town)		26 days	Bristol					02	
\vdash	Cheverl	TAL OR INSTITUTION (If not	in hospital air	ZO GAYS	d. STREET ADDRESS				10	IS RESIDI	FNCF
		George's Ge			G. STREET ADDRESS	ALC: U				ON A FA	RM?
	NAME OF	Firs		Middle	Lost	4. DATE	Month	h	Doy	Year	r
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S.		6. COLOR OR RACE	7. MARRIED [NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years	IF UNDER I	YEAR	IF UNDER	
2.4	4.	771 * 4 .	WIDOWED I		10/20/07	lost	birthdoy)	Months	Doys	Hours	Mit
	ale	White N (Give kind of work done		D OF BUSINESS OR	10/2 9 /87	1 79	yrs.	12 CIT	IZEN OF V	A/LIAT	
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		Farming	OWE	Farm	Marylan			U.	UNTRY?	A.	
13.	FATHER'S NAME	-			14. MOTHER'S MAIDEN	NAME					
	Thomas	Anderson			Mary Do	vell					
15.	WAS DECEASED EVI	ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO. 1	7. INFORMANT		Addres	SS			
(Ye	K, no, or unknown)	(If yes give wor or dotes of	service)		Hanny Anda	maam 1	D7-	16.0	10.00		
=		EATH (Enter only one cous	a nor line for t	a) (18 and (4)) >	Harry Ande	raon-	Deale	Mo		VAL BETV	A/EEA
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	102	IMMEDIATE CAUSE (Con.	Menua							
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RTIFICATI		CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of	irem 18.)		763		
AL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)			ED. (Enter noture of injury in						
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	DIVISION OF VITAL RECORDS, 301 W. PRE 11345 Item #23c & d Film #0391 8/1	STON STREET, BALTIMORE, MARYLAND 21201 S CERTIFICATE OF DEATH
FOR STATE	MEDICAL EXAMINER	S CERTIFICATE OF DEATH 11350
HEALTH DEPV.	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	o. COUNTY	o. STATE b. (QUNTY
3 to 3 to and a to a t	Prince George's MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b	I Dayson I
delay and 3. Pog	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
y delay is y, and 3 to PM3. Poge	Riverdale 1 day	West Lynn Zip 01902
- c 4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
for to for to	Leland Memorial Hospital	48 Prospect Street YES NO X
hours ofter deoth. If a litem 18. Give Pages 1, Office olong with form 1 and 2 with the Stote De r deoth.	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year OF
the winde	(Type or print) Lonnie Mack	Andrews DEATH 8 3 1967
ofte olon with	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER YEAR IF UNDER 24 HRS.
rs c e o oth.	Male Negro WIDOWED DIVORCED	12-10-1934 32 yrs.
hou hem Offic and	Male Negro WIDOWED DIVORCED E	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
24 S S S S S S S S S	during most of working life, even if retired) Painter Car Body Shor	South Carolina U.S.A.
in i	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
with pen cam cam	Louis Andrews	Rosa Mitchell
in i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	J7. INFORMANT Address
cute dica hin	(Yes, no, or unknown) (If yes give wor or dotes of service) 250 58 5055)	Mrs. Margot E. Andrews Same as #2
shauld be executed within 24 hours of word "pending" in pencil in Item 18 to the Chief Medical Examiner's Office of burial-tronsit permit. File pages 1 and 2 woons event within 72 hours after death	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)	INTERVAL BETWEEN
be inef	PART I. DEATH WAS CAUSED BY: // IMMEDIATE CAUSE (o) Contusion of bra	onset and death
brd ord	DUE TO Trauma - auto ac	
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war war sed ol,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
EXAMINER: This certificate shauld be executed within 24 hours ofter death. If a super the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, oge 4 should be forwarded to the Chief Medical Examiner's Office along with form your files. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Decremation, or removal, and in any event within 72 hours after death.	Grand mal epilepsy since childhood. 200. EXTERNAL CAUSE WAS PRIMARY OF OF CAUTE OF CAUSE OF DEATH CAUSE OF DEATH Designed of CONTRIBUTIONS OF CAUSE OF DEATH	
Th ical be d b	20b. DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in Part I or Port II of item 1B.) ing wall.
ertiffer ould out	CAUSE OF DEATH. Driver of car w	which went out of control and hit a retain-
EXAMINER: cute the certi oge 4 should r your files. :Page 3 shou cremation, o	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
MEDICAL EXAMIN pleose execute the director. Poge 4 sh retoined for your fit DIRECTOR: Page 3: or to buriol, crematic	Hour o.m. 91.7 5am p.m. 8-2- 1967 of work of work of work of work	foctory, street, office bldg., etc.) 600 block Baltimore Ave., College Park, Md.
L EXAM ecute the Poge 4 or your R: Page	21. I certify that I taok charge of the remains described above	, held an Autapsy 🔲 , Inspectian 🔀 , Inquiry 🛣 , and in my apinian
MEDICAL Ileose exec director. P stoined for DIRECTOR.		Suicide . Homicide . Undetermined manner
MEDICA pleose ey I director. retoined L DIRECTO	1 1.1	CHIEF MEDICAL EXAMINER
dir dir	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER
UTY ury, leeral be r RAL prio	EXAMINER'S	DEPUTY MFDICAL EXAMINER 🔀
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crema	NAME (Type) John Kehoe, M.D. Riverdale,	Md. Address (Street, city, town, or county) 8-3-67
o D D The the The Heol	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETRY	OR-CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5	Burial Aug. 7, 1967 Pine Gro	Ve Cemebery Lynn Massachusetts 250. RECD BY REGISTRAR 350. REALTH & SIGNIBLE TO
VR A15ME (5)	24. FUNERAL DIRECTOR. ADDRESS	2So. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE
6M 1/67	W. W. CHAMBERS CO. Riverdale, I	Md. DATE AUG 8 1987 (Cliantes Judge

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OFFICE STATES OF THE STATE OF T

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11349 11351 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY
Prince George o. COUNTY o. STATE delay is ond 3 to MARYLAND Prince George b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) puo write RURAL and give nearest town) Boulevard Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) DOA IS RESIDENCE ON A FARM? d. STREET ADDRESS along with farm in Item 18. Give Poges Southern Ave. YES NO Prince George General Hospital 24 hours after death. 3. NAME OF 4. DATE Year DECEASED (Type or print) DEATH Mildred Rhodes Andrews S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Haurs DIVORCED 15 May 1911 Negro 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or fareign country) during mast af warking life, even if retired)
None INDUSTRY COUNTRY? North Carolina any event within 72 haurs often the certificate, writing the word "pending" in pencil is 4 should be forwarded ta the Chief Medical Examiner 13. FATHER'S NAME This certificate should be executed within 14. MOTHER'S MAIDEN NAME Sudie Columbus Rhodes ??? 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) Angela Andrews 4157 Southern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MONSEL AND BEATH Heart failure IMMEDIATE CAUSE (a) DUF TO Arteriosclerotic heart disease unknown Conditions, if ony, which gave rise ta immediate cause (a), _ DUF TO stating the underlying cause 19. WAS AUTOPS)
PERFORMED? crematian, or removal, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Diabetes Mellitus-over 10 yrs. NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. MEDICAL 20d INIURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection X Inquiry X and in my opinian death resulted fram: Natural/causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED TO FUNERAL DI Health priar t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Jøhn Kehoe, M.D., **EXAMINER'S** Address (Street, city, tawn, or caunty) NAME (Type) Riverdale 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION REMOVAL (Specify)
Burial Homewood Cemetery Homestead, Pa. 1967 Aug. 31. 25b. REGISTRAR'S SIGNATURE ADDRESS UNFRAL DIRECTOR 2Sa. REC'D BY REGISTRAR 4001 Benning Rd. VR A15ME (5) 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11354 FOR STATE HEALTH DE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY ay is 3 to Page ANNE ARUNDEL Prince George's MARYLAND Maryland b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) puo 2hrs. 45min. Churchton Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Office along with form YES NO in Item 18. Give Pages Prince George General Hospital Rodgers Road This certificate should be executed within 24 hours after death. NAME OF Lost 4. DATE Month Doy Yeor DECEASED (Type or print) DEATH John Barr NEVER MARRIED SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED lost birthday) Months Hours deoth. WIDOWED DIVORCED 8-14-1906 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY 72 haurs ofter New York please execute the certificate, writing the word "pending" in pencil in director. Page 4 should be forwarded to the Chief Medical Examiner's Draftman Industry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil William H Barr Elizabeth Harrison 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO Address Hollywood Clorida Elizabeth B Walden within 7 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH event IMMEDIATE CAUSE (6) Shock and hemorrhage DUE TO Hemothorax and hemoperitoneum hours any Conditions, if any, which gave rise to immediate couse (o), = DUE TO stoting the underlying couse puo OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removo YES X NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 0 PRIMARY DE OF CONTRIBUTING CAUSE OF DEATH Driver thrown from car which overturned

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor (County) while of work of work to the of the country of the blog, etc.)

Not While Rt. 202 near Upper Marlboro, Prince Geo. Co. FUNERAL DIRECTOR: Poge 1967 6:50am p.m. 8-8-21. I certify that I took charge of the remains described above, held on Autopsy x, Inspection x, Inquiry x, ond in my opinion for Notural couses Accide At XC Undetermined monner the funerol director. death resulted from: Suicide Homicide | be retained CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. 8-8-67 Health Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)
Galesville Anna Arundel Md 23o. BURIAL, CREMATION. 23b. DATE THEREOF Burial (Spedfy) Aug 12, 1967 Woodfield Cemetery ADDRESS 250. REC'D BY REGISTRAR 967 25b. REC'RAR'S SENATURE SENAT 24. FUNERAL DIRECTOR VR A15ME (5) Hvattsville, Md. F Gasch's Sons

de godinario de Sinta de Començão de Companho 1 to pretice | Latting | Deport Period Series na and an analysis of the second seco INVESTIGATION OF THE PARTY. The First of the Land BARRITONET DE PORTO GORDE ES A STATE OF LINE OF THE STATE OF To name and a diliveries version of the little of the arms of the and the second of the second o

RYLAND STATE DEPARTMENT OF HEALTH WISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11355 OF CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence, before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITX OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) rite RURAL end give neerest fown) after filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) hours d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely YES NO 72 NAME OF Middle DATE 4. Month Day Yeer DECEASED OF ă within (Type or print) DEATH 196 ŏ carbon S. SEX AGE (In year COLOR OR IF UNDER 1 YEAR IF UNDER 24 HRS. and RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH event, Months Deys Hours WIDOWED [DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, eyen if retired) any please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Then loval, 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. (Yes, no, or unkown) (If yes give war or detes of service) physician. þ 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN 9 ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e cremation, burial-transit DUE TO attending Conditions, if any, which geve rise to immediate cause has DUE TO (e), steting the underlying the the hospital or ceuse lest. certificate PART II. OTHER SIGNIELCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY as 0 CERTIFICATION PERFORMED? use prior NO for 200. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 1B.) After this Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20c. TIME OF INJURY 20f. (City or town) Month, Dev. Yeer (County) (State) ō fectory, street, office bidg., etc. Not White While Hour a.m. DIRECTOR: Dept. at work et work Pe p.m. 21. I certify that (I) (this hospital) attended the deceased from Linear 19....., that (1) pluods State causes and on the date stated above. and that death occurred at G. M. from the saw the deceased alive on. may 22e. SIGNATURE 22b. DATE ATTENDING MED. SIGNED HOSPITAL FUNERAL with th PHYS. DIRECTOR PHYS. M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed O h. death. TO FU 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) SEP 5 REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATO ADDRESS VR A15 (4) DATE 20M S-63

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11354

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11356

PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	before odmission)				
Prince Georges MARYLAND	Maryland Prince Georges					
b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give	neorest town)				
write RURAL and give nearest tawn) Cheverly						
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	Bladensburg d. STREET ADDRESS	e. IS RESIDENCE				
Prince Georges General Hospital		ON A FARM?				
	5516 Volta Avenue	YES NO X				
3. NAME OF First Middle DECEASED (Type or print) Gerald John Be	Lost 4. DATE Month OF DEATH AND ALLO	Doy Year				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DEATH AUG AUG					
Male White WIDOWED DIVORCED		Doys Hours Min.				
10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR		ZEN OF WHAT				
during most of working life, even if retired) INDUSTRY	COM	NTRY? A				
Engineer Electronics 13. FATHER'S NAME	WEW TOLK	- N				
Conrad Bergmeier	14. MOTHER'S MAIDEN NAME Crecenze Fiendler					
Contau Bergmerer	Crecenze riendier					
	77. INFORMANT Mabel C Bergmeier Bladensburg,	Md.				
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (cx) PART I. DEATH WAS CAUSED BY:	2. M. C	INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (o)	Wy Illiac (They	ONSET MILE DENTIL				
Hacl DUE TO () i	11 1 1 1					
(b) Conditions, if ony, which gove	Te Heat Dia corl					
rise to immediate couse (o), stoting the underlying couse DUE TO						
lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION CILIEN IN DART 1/a)	TIO WAS AUTOPSY				
S TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?				
- C		YES NO				
E 206. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING □ CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Port II of item 1B.)					
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	PLACE OF INJURY (Home, farm, 20f. (City or town) (Coun	nty) (Stote)				
Hour o.m. While Not While	foctory, street, office bldg., etc.)					
p.m. Of work — of work	14 2 10 1/2 1 10 6	7				
21. I certify that (I) (**Charles attended the deceased fram	9-2, 1956, ta Aug. 24, 196	I, that (I) (seek la				
saw the deceased alive an 8 20 1967, and t	that death accurred at 7:040M, fram causes and an the					
220. SIGNATURE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	E SIGNED				
22c. PHYSICIAN'S	22d. ADDRESS	,				
NAME (Type) Aaron Deitz, M. D.	Prince George's Plaza, Hyattsy	rille. Md.				
230. BURIAL CREMATION, REMOVAL (Specify) Aug 28, 1967 REMOVAL (Specify) Aug 28, 1967 Ft Lincoln		County) (Stote) Geo Md.				
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE				
F. Gasch's Sons Hyattsville, Md.	DATAUG 29 1967 Policarle	y Judge				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeful director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excepted within 24 haurs Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

SESSES A MAN TO STAND THESE Prince Gerron Cornig oran durantes File and and appear -- Community to the trade of the will be and the second of the 2 mer is a trail of his way had 7:04 to 7:04 to 7:04 tell art form united to form the first tell and the Talent Some Ligarity District Control of the Contro

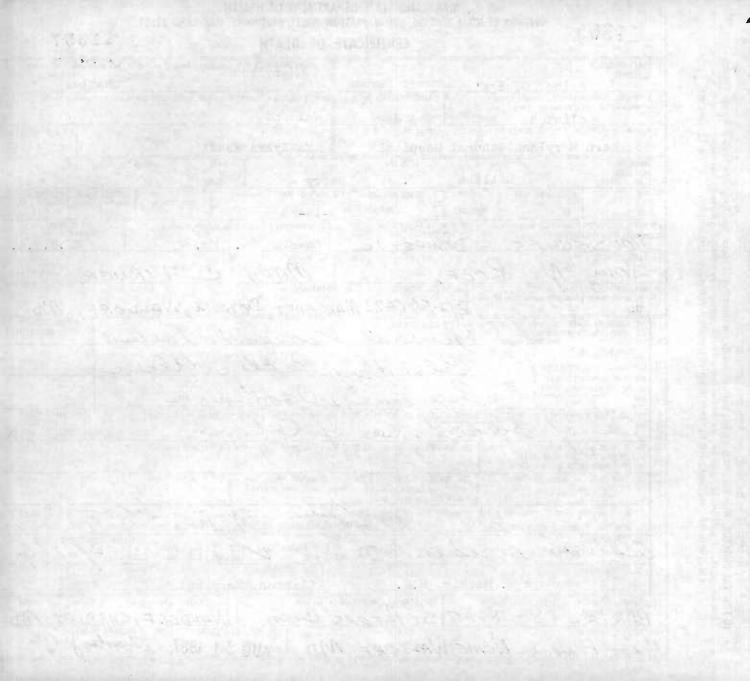
11355 DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11357

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deoth ond georth		LACE OF DEATH					2. USUAL RESIDENCE	(Where deceosed liv	ed, if institution: Reside b. COUNTY	nce before odmission)
5 2 / S			Prince Ge	orge's		MARYLAND			Cha	arles
after he fu		. CITY OR TOWN (If outside corporate li	imits,	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If	outside corporote lim	its, write RURAL ond gi	ve neorest town)
urs Pa Pa			d give nearest town) clinton		5 4	avs	Waldorf			118.2
ho ho	-		AL OR INSTITUTION (I	If not in hospital,	give street oddre	ess)	d. STREET ADDRESS			e. IS RESIDENCE
nin 24 hours filled in by the papers. Pagerthin 72 hours	1	Southern	Maryland	General	Hospit	al	NANAXXXX	XKKKKX		ON A FARM? YES NO 🔀
E + = =	3.	NAME OF		First	Mide		Lost	4. DATE	Month	Doy Year
		Type or print)		Lillian	V.	В	erry	OF DEATH	8	14 19 67
ute de	S. :	EX	6. COLOR OR RACE	7. MARRIED	NEVER N	MARRIED	B. DATE OF BIRTH		(In years IF UNDER	
		F	W	WIDOWED) x DI	VORCED	5-14-86	8		Days Hours Min.
ond ond rem	100	USUAL OCCUPATION	(Give kind of work do		KIND OF BUSINESS INDUSTRY	S OR	11. BIRTHPLACE (Count	y & Stote, or foreign c		ITIZEN OF WHAT OUNTRY?
ertificote b physicion ten pleose ovol, ond i	UUII	11005	life, even if retired)	D	OMEST	-ic	Charles C	o., Md.		MALU.S.A.
ifico nysie ol, o	13.	FATHER'S NAME	4.1	D			14. MOTHER'S MAIDEN	NAME		
th certificote be ling physicion or Then pleose r removol, ond in		JOHN	N.	KOBE	EY		MARY	1 C.	TURNE	R
			R IN U.S. ARMED FORC	ES? 16	. SÓCIAL SECURITY		INFORMANT		Address	
dec tren rmi	(10	no	(ii yes give wor or do	2	12-56-0	672 MA	RGARET I	ODSON,	WALDOR	F. MD.
- a +-		1B. CAUSE OF D	EATH (Enter only one	couse per line fo			1 .	1	~ ` ^	INTERVAL BETWEEN
s that t cian. d by the -transit , crema		PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAI	USE (o)	Run	al 1	usce	ral 1	actual	ONSET AND DEATH
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equires physicic signed buriol-ti buriol, c		Conditions, if ony		(b)	Slee	dina	, tepk	ie c	lker	
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ow ndin beel the or t		last.)	(c) (D)	luga	ma,	1 0300	enne	<u> </u>	
ds ds pri	Z.	PART H. OTHER SI	GNIFICANT CONDITION	NS CONTRIBUTING	TO DEATH BUT N	NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN	PART 1(o)	19. WAS AUTOPSY PERFORMED?
or of the hold	CERTIFICATION	Ca	of 13	class	2000	a o	y Col	on		YES NO
ficol for He	TE	20o. ACCIDENT WA		20b. [DESCRIBE HOW IN.	JURY OCCURRED.	Enter noture of injury in	Port I ar Part II of	item 1B.)	
rsic ospit certi hed it. of			MEDICAL EXAMINER)							
PHYSICIAN e hospital nis certifico stached far Dept. of He	MEDICAL	20c. TIME OF INJU-	URY Month, Doy, Yeo		INJURY OCCURRE		CE OF INJURY (Home, for		or town) (C	ounty) (Stote)
5 = = = = = = = = = = = = = = = = = = =	ME	p.i		19 Whi	le Not While		tory, street, office bldg., et	·)		
DIN Py Afte be Sto		21. I certi	fy that (I) (this h	haspital) atte	nded the dece	ased fram		1966-10	Dear 19	that (I) (we) las
R: Duld			eceased alive an	8/14	196	Z, and tha	t death accurred a	19.30 M, fro	m causes and an	the date stated above
AT Short Sho		220. SIGNATURE	1	1	10/	1	ATTENDING -	MED _	STAFF 22b. I	DATE SIGNED
OR DIRE 7			rotus.	ners	le /	M.		DIRECTOR	PHYS.	114/67
		22c. PHYSICIAN'S NAME (Type	1	7 14 17	W D		22d. ADDRESS		MACTERIA	
SPIT FR/ d bo			KODELL					Maryland		
FOR HOSPITAL Poge 4 moy O FUNERAL I director, pag should be fil	230	BURIAL, CREMATION OF THE PROPERTY OF THE PROPE			23c. NAME C	OF CEMETERY OR	CREMATORY .	23d. LOCATIO	N (City or Town)	(County) (Stote)
5 5 5 5 W				-18-61	1571	GT GRS	cem.	IVALD	ORF, CHA	RLES, IND.
VR A15 (4)	24	FUNERAL DIRECTO	<u>IR</u>	11.	ADDRE	ESS	4.4	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
VR A15 (4) 25M 1/67	H	UNTT F	UNERAL	NOME	, WALDO	DRF, 1	MD. DATAU	G 2 1 196	1 June	10



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11356	CERTIFICATE	OF DEATH		11950
1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if institution	on: Residence befare admission)
a. COUNTY Paris Command	MADVIAND	a. STATE	b. COUN	TY /
b. CITY OR TOWN (If autside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	CITY OF TOWN (If and	rido como esta limita conita DUD	At and also access to the
write RURAL and give nearest tawn)	C. ELNOITI OF STAT IN TO	C. CITT OK TOWN (II UUI	side corporate limits, write RUR	AL and give nearest tawn)
torestuille,	48 days	FAIRT	Ax, Va,	833
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give	e street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Regent Nursing + Rehal	bilitation Cel	ter 215	N. Fairtax	YES NO
3. NAME OF First	Middle	Last	4. DATE Manth	Day Year
(Type ar print)	D. 6	Bertran	OF DEATH Aug.	24 1967
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
F white WIDOWED I	DIVORCED TO	T. L. 14.	1990 last birthday)	Manths Days Haurs Min.
	OF BUSINESS OR	11 DIDTUDIACE (County 8	Stote, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	STRY	15		COUNTRY?
13. FATHER'S NAME		Kanso		1.8.11.
IS. PATHER'S NAME		14. MOTHER'S MAIDEN N	AME	U-1.
Jew W. XXI	wean	HNN	/ / RY /	reyser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates af service)	CIAL SECURITY NO. 17. IN	FORMANT	Addres	s / V/
(1 os) no, or or minor no, (1 os give nor or agios ar service)		M15. 15.1	Y. HAFFN	ex ALENANDYIA
18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b) ₀ ond (c).)	1	. /	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	les Das	culodo	ecident	ONSET AND DEATH
33 /X DUE TO	e · 1		2	0. 1
Conditions, if ony, which gave) (b)	erosilero	teclande	or Dungler	- Stappe In us
rise ta immediate cause (a), DUE TO			o Carco	- touse f
stating the underlying cause (c)				
, 100	DEATH BUT NOT BELATED TO TH	IT TERMINAL DISTASE COM	DITION CIVEN IN DADY 1/-)	A 19. WAS AUTOPSY
PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KELATED TO TH	TE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCR	June 31	96/ca	phasia 8 rth	any as exect NO
20o. ACCIDENT WAS UNDERLYING \(\text{ 20b. DESCR} \) OR CONTRIBUTING \(\text{ CAUSE OF DEATH} \)	HOW INJURY OCCURRED. (E	inter nature at injury in	art I ar Part II af item 18.)	
		OF INJURY (Hame, farm,	2Df. (City ar tawn)	(County) (State)
Maur a.m. p.m. 19 atwark	Not While foctor	ry, street, office bldg., etc.)	,	1/
21. I certify that (I) this haspital attended		7/10/6) to 9/14	1907, that (1) (we) lo
saw the deceased alive ap 9/2		death accurred at		ing an the date stated above
2203 SIGNATURE	100	-	* 11	22b. DAVE SIGNED
Illion It hundle	in miles		MED. STAFF DIRECTOR PHYS.	8/2/1/10
22c. PHYSICIAN'S	3	22d ADDRESS	A TIII3.	0/0/0/
MAME (TYDE) / / /	1111111111	161,00	MARLBOR	ALVIKE ST
23a. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	DEMATOR	1 224 LOCATION (ALL - T.	County Of Stares
DELLOCATE OF THE STATE OF THE S	1111)	KEMATOKI	23d. LOCATION (Gity or Tay	(Courty) (State)
Cremofter 8-24-67	Sees res	valoreme	Maskings	on , W.C.
24 FUNERAL DIRECTOR CAN Sheers	ADDRESS	1.		SISTRAR'S SIGNATURE
Damaing frence Venne L	Mehanskea,	DATAUG	28 1967 80	cores judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave, carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

CONTRACTOR SECTION SECTION OF SEC Salar Blee Hall Edward The world have there I was to see the good of the the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11359 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) O. COUNTY PRINCE GEORGES impletely filled in by the furve carban papers. Pages 1 event, within 72 haurs after MARYLAND requires that the death certificate be executed within 24 haurs after c. JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town CULLEGE OLLECT DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET_ADDRESS e IS RESIDENCE ON A FARM? GUILFORD Prince Georges General Hospital NO F 3. NAME OF First Middle_ 4. DATE Month Doy Year DECEASED 1967 23 (8 EHMAR (Type or print) DEATH S. SFX DATE OF BIRTH AGF IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (In veors remove Months lost birthday) Dovs Hours (Ont =1898 burial, crematian, ar remaval, and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTH LACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? S.A. during most of working life even if retired) Owner Wash.D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Ryland (decased) H. Hall (deceased) Mary 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT permit. Guilford Boohamn(ord Rd.College Pk.mn(wife) (Yes, no, or unknown) (If yes give wor or dotes of service) 578 05 0885 eberta no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO ed far use as the b of Health priar tab stoting the underlying cause PHYSICIAN: The law 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate by the haspital ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour 'o.m. Not While foctory, street, office bldg., etc.) ot work ot work 1967, that (1) (see) last 21. I certify that (I) (this the spiral) attended the deceased from Juli be retained director, page 3 should should be filed with the -196 and that death accurred at 142 AM, from causes and an the date stated above. saw the deceased alive an MG 220. SIGNATURE DATE SIGNED M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Fort Lincoln Cometery Colmar Manor Pr. Goo. Md.

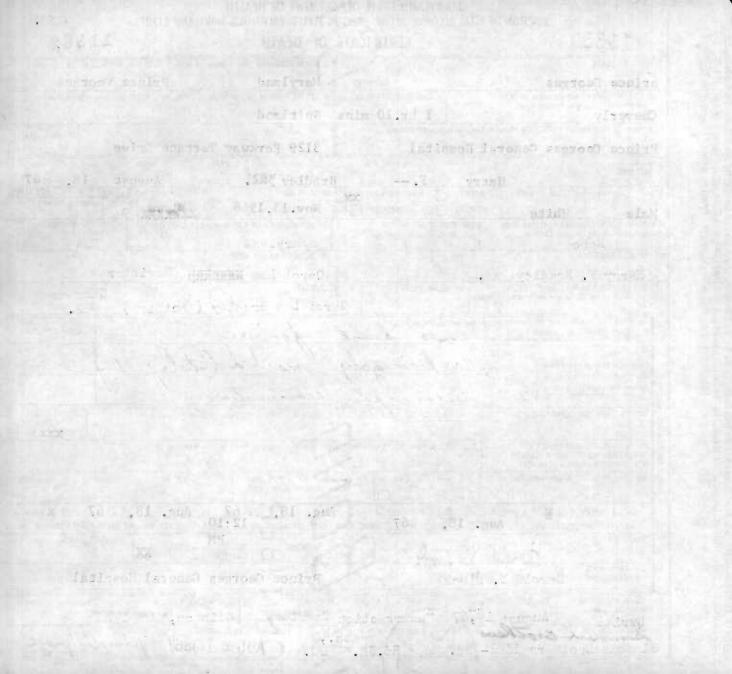
ADDRESS Roiniar | 250. RECID BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Burial Inc. Mrt. Rainier 24. FUNERAL DIRECTOR Funeral Homo VR A15 (4) 25M 1/67 Milarelas Mcl. 8

AND THE STREET STREET 345 45 F 17 17 16 16 14 1 Petago Centrols Contrest Hospital BONDER OF BEING TOTAL OR A CHEST LEVEL OF THE PROPERTY OF THE A SHALPS HE STEEL STEEL STEEL SHOW AS A SHOW AND A STEEL STE Land to the first of the first Alexander of the community of the state of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11360 11358 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) MARYLAND Prince George's c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) C JENGTH OF STAY IN 1h Cheverly Hillcrest Heights DOA the State Depart d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS olong with form NO x 24 hours after death. I' Prince George General Hospital 5012 25th, Place NAME OF Middle 4 DATE Doy Year DECEASED Bolac IF UNDER 1 YEAR (Type or print) DEATH Ethel IF UNDER 24 HRS 5 SEX 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED last birthdoy) Hours WIDOWED DIVORCED 31 Dec. 1898 e certificate, writing the word "pending" in pencil in Item 1. should be forwarded to the Chief Medical Exominer's Office White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Washington, DO event within 72 hours ofte Harrington Hotel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Bertha Wysong Wallace Harry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give wor ar dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO Address Helen D. Smith Dau.) Same as 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit over 6 mo. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Metastatic carcinoma writing the word over 6 mo. Carcinoma of thyroid gland in any Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 0 puo OS 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removal. PERFORMED? NO X the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) foctory, street, affice blda., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry oc. ond in my opinion for Natural courses X Accident Suicide . deoth resulted from: Undetermined manner Homicide be retained CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER (30 NAME (Type) John Kehoe, M.D. 8-22-67 Riverdale, Md. Heolth : Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Suitland 25b. Cedar Hill Cemetery Buria 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Bros. 1661- Gd. Hope Road SE. Wash., DCDATAUG 23 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11353 CERTIFICATE OF DEATH 11362 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY Maryland COUNTY ely filled in by the fundant ban popers. Pages 1 to within 72 hours offer d executed within 24 hours ofter prince Georges MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 1 hr. 10 mins Cheverly Suitland d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? templetely filled in nove corban poper Prince Georges General Hospital 3129 Parkway Terrace Drive YES NO I 3. NAME OF Middle Last 4. DATE Month Yeor DECEASED (Type or print) Bradley 3Rd. Harry F. --1967 DEATH August 18. 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost-birthday) IF UNDER 24 HRS. Months Days Hours Nov. 13, 1966 WIDOWED DIVORCED Male White pyo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) requires that the death certificate be .⊑ 12. CITIZEN OF WHAT physicion a during most of working life, even if retired) INDUSTRY COUNTRY? puo Maryland None USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Harry F. Bradley 2nd. Carol Lee 器XXXXXX Register offending p permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as (Yes, no, or unknown) (If yes give war or dates of service) Carol Lee Bradley Mother 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? certificate YES XXX NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED TO FUNERAL DIRECTOR: After this 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (this haspital) attended the deceased from Aug. 18, 1967, ta Aug. 18, 1967, that (x) (we) last saw the deceased alive on Aug. 18, 1967, and that deoth accurred at 12:10M, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Harold Y. Finck Prince Georges General Hospital NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) esurrection Cemetery 19.67 Olinton, Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Marley Simmons Brothers 1661- Gd. Hope Rd.SE. DATE AUG 2 1 196 DC.



11363 requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland MARYLAND and completely filled in by the fur remove corbon papers. Pages 1 n any event within 72 hours after Prince Georges Prince Georges b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 5 days Bowie d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 64 Chestnut Avenue NO X YES NAME OF Middle 4. DATE Lost Month Year DECEASED (Type or print) Louise Braxton DEATH 19 67 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH lost birthdoy) Months Hours ond in any WIDOWED DIVORCED Dec. 4, 1909 Female Colored 57 YIS. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife physicion on pleose eose INDUSTRY U COUNTRY?A D. C. 13. FATHER'S NAME signed by the attending physi burial-tronsit permit. Then pl burial, cremotion, or removol, 14. MOTHER'S MAIDEN NAME Thomas Hawkins Mary Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Uremia, secondary to Chronic Glomerulonephritis be retained by the haspital ar ottending physician. DUE TO Conditions, if ony, which gove Fribrinous Pericarditis (Uremic Pericarditis) rise to immediate couse (a). DUE TO stoting the underlying couse has been Bronchopneumonia PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? YES XXX NO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched te Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work L ot work 21. I certify that (this hospital) attended the deceased from_ Aug. 25, 1967 to Aug. 30, 19 67, that XX (we) last saw the deceosed olive an Aug. 30. 1967, and that death accurred at 8:55 M, from causes and an the date stated above. 22o. SIGNATURE MED AM 22b. DATE SIGNED ATTENDING STAFF filed DIRECTOR , page be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Edwin Jensen, M. D. Prince Georges General Hospital director, shauld b 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Harmony Memorial Park 2 Landoweer, P.G. Co., Md. 9-2-67 25bi REGISTEAR'S SIGNATURE Washington, D. CADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11364 1361 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLANC The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest fawni d. STREET AOORESS 94 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Sammole Street completely filled in ON A FARM? 90 NO X YES \ Month ove carban NAME OF Middle DATE Ooy Year DECEASED 1967 Huanst (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. OATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIEO last birthday) Months Days Hours WIDOWFO DIVORCED rem 12. CITIZEN OF WHAT 100. USUAL OCCUPATION (Give kind af wark dane 10h KINO OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) WDUSTRY Home COUNTRY? 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME a en Aage Henriksen Unknown attending p 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 8508 - Address h Street (Yes, ng., or unknawn) (If yes give war ar dates af service) permit. Calvin Brockdort ilver Spring, Maryland crematian, INTERVAL BETWEEN the 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND OFATH PART I. OFATH WAS CAUSED BY: ardiae IMMEDIATE CAUSE (o) DUE TO termina Conditions, if ony, which gove rise ta immediate couse (a). DHF-TO stating the underlying cause PEULLU O FUNERAL DIRECTOR: After this certificate has been the Health priar to as THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 65 WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING use NO YES | PHYSICIAN: - Lo 20b. DESCRIBE HOW INJURY OCCURRED. Linter noture of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Not While factory, street, affice bldg., etc.) Hour a.m. at wark pe 170, 28, 196 /that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram lelly 19.57 ta be retained director, page 3 should should be filed with the saw the deceased alive an / fun 27 196 and that death accurred at 113 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENOING STAFF M.D. DIRECTOR PHYS. 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Caunty) (State) Burial (Specify) Washington. 24. FUNERAL OIRECTOR Thomas 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Juneral Home Silver Spring unnhreu

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/ 11363 Item #9 Film	CERTIFICATE		DEATH AL RESIDENCE (Where deceosed lived, if institution: Residence before admission) IATE OR TOWN (If outside corporate himits write RURAL and give nearest town) PERI ADDRESS OF BIRTH OF DEATH OF JOSEPH A C 9	
1. PLACE OF DEATH o. COUNTY R- Geonges	MARYLAND	2. USUAL RESIDENCE (Where of	b. COUNTY	ro Deo.
b. CITY OR TOWN (If outside corporate limits, write RUPA) and give nearest town)	c. LENGTH OF STAY IN 16	Brentwoo	orporote limits write RURAL or	16-1
4 Pr. Georges Gen. /	itgl, give street oddress)	3717 Que	ney st	
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7 MARI	Middle	Brown.	FATH Aug	20 1967
Jemale white WIDON	WED DIVORCED \$ 6	DATE OF BIRTH	Ages birthday) Mor	nths Doys Hours Min.
during most of working life even if retired)	Ob. KIND OF BUSINESS OR CONTROL OF THE STATE	Charlotteville	7	COUNTRY?
andrew mohum	dio	N your	Brockenb	rough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	740	yt Brown	Brentivo	od my
18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (o), (b), ond (c).)	Hypernephr K	oma	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove (b) (b)	(17447/8/14ph	1001/07/18/1/	HALIGUETTENT	in ed
stoting the underlying couse lost. (c)	massive G	I traci	t bleed	ing
3 KOLLA				PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
Hour o.m. 19 o	While Not While foch	ory, street, office bldg., etc.)		
saw the deceased alive an Au	ttended the deceased fram	death accurred at 11	AM, fram causes and	an the date stated above
220. SIGNATURE BC	M.C		OR STAFF 2	b - 20 - 67
22c. PHYSICIAN'S NAME (Type) DON B.	CAMERON		MT	RAINIE
230. BURIAL, CREMATION, REMOVAL Specify) 23b. Date thereof aug 23, 196 24. FUNERAL DIRECTOR	7 23c. NAME OF CEMETERY OR Mt Olivet (Cemetery 250. REC'D BY RI	d. LOCATION (City or Town) Washington L	(Stote) AR'S SIGNATURE
F. Gasch's Pon		date AUG 2		carles Judges

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11308 .11365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George's Maryland MARYLAND Prince George's b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) the State Departs 28 days Cheverly Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm YES NO THE Prince George General Hospital 349 Irvington Street be executed within 24 hours after death. "pending" in pencil in Item 18. Give Pages 3. NAME OF Middle 4 DATE DECEASED Burnette (Type or print) DEATH Samuel IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdov) Months WIDOWED DIVORCED 72 haurs after death April 1905 Male White 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY North Carolina Messenger Merkle Press 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Samuel P. Burnette Anna C. Helton 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Same as (Yes, no, or unknown) (If yes give wor or dotes of service within , Mrs. Oecelia E. Burnette (Wife) no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: hours DEATH any event IMMEDIATE (AUSE (0) Thrombosis cerebellar artery This certificate should DUE TO And congestive heart failure vears Conditions, if ony, which gove (b) From myocardial fibrosis and infarction vears rise to immediate couse (a). = From coronary arteriosclerotic heart disease vears stoting the underlying couse and 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removal, YES T NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x, Inquiry x, and in my apinion death resulted fram: Natural coeses x ... Accident / Suicide / Hamicide / Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE pe DEPUTY MEDICAL EXAMINER Riverdale, Md. 8-16-67 NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 50 REMOVAL (Specify) Aug. 18-1967 Cedar Hill Cemetery Suitland, Maryland, Buriol

24. FINERAL DIRECTOR 250. REC'D BY REGISTRAR occurren VR A 15ME (5) DATAUG 17 Simmons Bros. 1661- Gd. Hope Rd. SE. Wash. DC

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11366 11369 CERTIFICATE OF DEATH deoth . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a STATE b. COUNTY Prince Georges

b. CITY OR TDWN (If autside carporate limits, write RURAL and give nearest tawn) MARYLAND Prince Georges be executed within 24 hours ofter Maryland c. CITY DR TDWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Clinton 1-1/2 days Cheverly filled in Papers. hin 72 ha d. NAME DF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 7329 Branch Avenue YES NO Prince Georges General Hospital pou 3. NAME OF and completely i Middle 4. DATE Doy Year DECEASED in any event, (Type or print) DEATH George G. Butler 1967 August S. SEX 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years physician and comp en please remove 1ast birthday) 56 yrs. Months Days Hours 4/11/11 WIDOWED DIVORCED Male Colored 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? puo as Station Attendent Maryland Gas Station 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova Gwynnie Butler Rosie Proctor 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) Mrs. Edna L. Butler - Same as above cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CONGESTIVE HEUNT FAILURE IMMEDIATE CAUSE (a) or attending physician. DUE TO signed l buriol-tr buriol, c Conditions, if ony, which gave DULMONACE rise to immediate cause (a). DUE TO as the stoting the underlying couse EMPHYSEMA 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) be retained by the hospital 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) **DIRECTOR:** After this Hour o.m. Nat While factory, street, office bldg., etc.) at work ot wark 21. I certify that (this hospital) attended the deceased from. Aug. 21, 1967, to Aug. 22, 1967, that \$1) (we) lost saw the deceased alive an Aug. 22, 1967, and that death accurred at 11:43M, from causes and an the date stated obove. 22a, SIGNATURE 22b. DATE SIGNED STAFF Aug. 23, 1967 X M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Roger Ingham, M. D. Prince Georges General Hospital 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8-26-67 Resurrection Cemetery Clinton, Maryland AR 25b. REGISTRAR'S SIGNATURE Burial 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 21. T. R. hours PD 3101.t-12.dt, 7

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X 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STA	TE	11368 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11371	
HEALTH D	EPI	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmi	ission)
ge to is	AA	o. COUNTY Prince George's MARYLAND O. STATE Maryland Prince George's	
ny delay is 2, ond 3 to PM3. Page	ENT	b CITY OR TOWN (If outside corporate limits CITY OR TOWN (If outside corporate limits write PURA) and give percest town)
de on M3.	E	write RURAL and give nearest town) Clinton DOA Oxon Hill	. 1
	eba	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS R.	ESIDENCE A FARM?
es l farm	Store Depart	Southern Maryland Med. Center 5260 Oxon Hill Rd. YES	NO X
Pog ith	50	3. NAME OF First Middle Lost 4. DATE Month Doy	Year
g ve	the the	(Type or print) William H. Butler DEATH 8 30	19 67
after deoth. 8. Give Poge along with f	£ (. I	lost birthday) Months Doys Hou	DER 24 HRS.
urs n 18	2 5	Male Negro WIDOWED 1-19-1917 50 YIS.	
d be executed within 24 hours after death. If a "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm	within 72 hours offer degition	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11c. CITIZEN OF WHAT OXON Hill, Md.	•
in 2 cil ir ner'	pages urs offe	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
vith	e pour	Norman G. Butler Roseanna Proctor	
be executed within "pending" in pencil nief Medicol Exomine	72 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 578 22 4880 Mary Frances Newman 5260 xon H	41101
ling edic	permit. vithin 72	570 22 4000 Mary Frances Newman 5200 Xon in	
e ey	w tr	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure IMMEDIATE CAUSE (o) Heart failure	D DEATH
Ghi G	event	1/0 * *	
wo the	a burial-tronsit	Conditions, if ony, which gove) DUE TO Arteriosclerotic heart disease over 2	INO .
the to	. ==	rise to immediate couse (o), stating the underlying couse DUE TO	
ing ded	buc	lost. (c)	
This certificate should icate, writing the word be forwarded to the Ch		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	AUTOPSY ORMED?
te, for	removal,	AEZ AEZ	
*= -	cremation, or re	PERFO YES 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING COURRED. (Enter nature of injury in Port I or Port II of item 18.)	
EXAMINER: ute the certiloge 4 should your files.	2 :=	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 20d. INJURY OCCURRED While Not While foctory, street, office bldg., etc.) (City or town) (County)	(Stote)
AM e the e 4 e 4	ema	Hour o.m. 19 While of work of work footory, street, office bldg., etc.)	
L EXA ecute Poge or you	2 5 2 5		ny opinion
MEDICAL lease exe director. P	to burial,	deoth resulted from: Notural coyses/ X/ Accident, Suicide, Homicide, Undetermined manner	
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JTY MEELL ITY, please e eral director be retained	prior 1	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	TE SIGNED
O DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Poge 4 S may be retained for your principal properties.	2 P	Address (Sireer, City, Town, of County)	0-67
TO D nece the 5 mc	Heolth	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Church Oxon Hill, Md.	(Stote)
VR A15MI	F (5)(2)	24 FUNERAL DIRECTOR ADDRESS SIGNATURE	
6M 1/6	7	HOBERT 6. MASON FUNERAL NOME, INC. DASEP 1 1967 gclianles Judy	ie.

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CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11000			CERTIFICA	L OI DEATH			i.	101	2	
1. PLACE OF DEATH				2. USUAL RESIDENCE (sed lived, if institut	ion: Reside	nce befar	e admissi	an)
o COUNTY. Prince	George		MARYLAND	o. SMarylan	d	ь. ф	ince	Geor	rge	
b. CITY OR TOWN (If	autside carporate limit	'S,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	utside carpor	ate limits, write RU	RAL and giv	ve neares	t tawn)	
Riverda	ive negrest town)	and	18 days			, Marylar			16-	1
	OR INSTITUTION (If n		give street address)	d. STREET ADDRESS						
Eugene Lel				4709 Berw	yn Dr	ive			are admissing est town)	NO 2
NAME OF	F	irst	Middle	Last	4. DATE	Man	th	Day		
DECEASED (Type or print)	Gene	eva	Pearl	Caldwell	OF DEATH	8		14	19	67
	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years	IF UNDER		IF UNDER	
Female	White	WIDOWED	DIVORCED [3/12/88	No.	7 birthdoy)	Months	Days	Hours	Min
	Give kind of work done		IND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fo	reign country)				
ring most af working lif Hous	e, even if refired)		NDUSTRY Vn home	Craig C	ounty.	, Virgini		OUNTRY? JS		
FATHER'S NAME				14. MOTHER'S MAIDEN						
John Cal	dwell			Bell Sim	pson					
. WAS DECEASED EVER			SOCIAL SECURITY NO. 17	. INFORMANT		Addr	ess	100		
(es, no, or unknown) (I	i yes give war ar dales	of service) 5	30-20-5986 N	luriel Meehan		College I	ark,	Md		
1B. CAUSE OF DEA	TH (Enter only ane ca	use per line for	(a), (b), and (c).)	111	1.	0				
PART 1. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE	/110	cute Here	earder -	tous	une		ON	SET AND [DEATH
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PART II. OTHER SIGN	NIFICANT CONDITIONS	ONTRIBUTION	TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE COI	NDITION GIV	EN IN PART 1(a)		19.	WAS AUT	OPSY
20a. ACCIDENT WAS U	A STATE OF THE SECOND	11111						Y		NO F
20a. ACCIDENT WAS L		20b. DI	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Pa	rt II af item 18.)				
OR CONTRIBUTING (IF EITHER, NOTIFY M										
20c. TIME OF INJUR		20d. I		PLACE OF INJURY (Hame, farm		(City ar town)	(Co	ounty)		(State)
Hour a.m.	19	While at wor		actory, street, office bldg., etc.	10	0		17		
21 1 certify			ded the deceased fram.	7/10	90	a Clive	19	1 th	at (I) (we) I
	Sased alive an		14 196), and th	nat death accurred at	710	A, fram causes	and an 1			
22a. SIGNATURE	11011	- /	1		1			DATESIGN		
1	y of	eur	e	M.D. PHYS.	DIRECTOR	D STAFF	0	119	16)
22c. PHYSICIAN'S	111	I	TIENINI	22d. ADDRESS O	100	100	K	MI	1	1
NAME (Type)	UL	-16	ILNNE	= 000	cap	Uw	1)/	10	7	
3a. BURIAL, CREMATION	, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY C	OR CREMATORY	36d. LO	OCATION (City or To	iwn)	(Caunt) (5	itate)
REMOVAL (Specify) Burial	Aug 17	, 1967	Beaver Dan C	hurch Cemete	r F	luvanna (Count	y V	a.	
24. FUNERAL DIRECTOR			ADDRESS	25a. REC'I	D BY REGIST		EGISTRAR'S			
F.	Gasch's	ons i	lyattsville, M	Id. DATE A	UG 18	3 1967	yclia	reas	Jud	se.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please temave carban papers. Pages should be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in day event, within 72 haurs of the content of the con Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2c & d_Film #6391 8/14/67 ph 11373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR HEALT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE delay is ond 3 to Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. puo Hyattsville DOA Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 74th Ave. e. IS RESIDENCE ON A FARM? form Convalescent/Center NO 3 Prince George General Hospital be executed within 24 hours after death. 3. NAME OF Middle 3 DECEASED OF the in Item 18. Give (Type ar print) Carlisle DEATH Annie gue S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths last birthdoy) Days Haurs the certificate, writing the word "pending" in pencil in Item 18. should be forwarded to the Chief Medical Examiner's Office of WIDOWED & DIVORCED 9-10-1892 event within 72 hours after death White Female 10o. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY U S A. Washington D. C. Char woman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. AKMED FUNCES:
(Yes, no, or unknown) (If yes give wor or dates of service) 577 16 8377A Adeline Betts Bellemead, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Infarction of sigmoid colon writing the word This certificate should DUE TO Volvulus of sigmoid colon in ony Canditians, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 puo 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) cremation, or removol, CERTIFICATION please execute the certificate, YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur o.m. foctory, street, affice blda., etc.) Not While FUNERAL DIRECTOR: Page ot work of work 21. I certify that I taok charge of the remains described above, held an Autapsy x, Inspection x, Inquiry x and in my apinian for burial. Accident Suicide . funerol director. death resulted fram: Natural causes X. Homicide Undetermined manner CHIEF MEDICAL EXAMINER Heolth prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 8-4-67 John Wehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORS 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF (Stote) 0 REMOVAL (Specify) Md. Colmar Manor Pro Geo Ft Lincoln Cemetery Aug 5, 1967 Burial 250. REC'D BY REGISTRAR 1967 REGISTRADE SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) F. Gasch's Sons Hyattsville, Md. 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth." Page 4 may be retained by the hospital or attending physician.

VR A 25M

CERTIFICATE OF DEATH

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detached e Dept. of		MEDICAL	20c. TIME DF INJI	URY Month, Doy, Year m.	20d. I While	NJURY OCCURRED Nat While		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or to	own) (Cour	nty) (Stote)
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the			saw the d	eceased alive an_A	ug. 18	19.67	and that	death occurred at	:40pM, from co	iuses and an the	e date stated abave
3 should be detached with the Stote Dept.			220. SIGNATURE	1	0)				MED STAF	22b. DA1	TE SIGNED
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age file			22c. PHYSICIAN'S					22d. ADDDESS		2	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1. PLACE OF DEATH					CE (Where deceosed			ore odmission)
Prince Ge	orges		MARYLAND	Marylan	d	Princ	e George	25	
	(If outside corporate limit	5,	c. LENGTH OF STAY IN 1b		If outside corporate				
Cheverly	d give nearest town)		8 hrs.50 mi				9	16-	1
	TAL OR INSTITUTION (If no	nt in hospital c		d. STREET ADDRESS				e. IS RESIDE ON A FAR YES N OY Year 19 R IF UNDER 2 S Hours OF WHAT Y?	NCF
								ON A FAR	RM?
	orges Gener		*		ylor St.				10 X
3. NAME OF DECEASED	FI	irst	Middle	Last	4. DATE OF	Month			
(Type or print)	Ty colon on nice	Anna	M	Colgan	DEATH		ust 3		- ,
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		٧	AGE (In yeors Jost birthdoy)	Months Doys		Min.
Female	white	WIDOWED	DIVORCED [1/11/96	-	a. 115.			
10o. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR		unty & Stote, or forei	gn country)	12. CITIZEN COUNTRY		
during most of working	ater	C'	oustry Tele.Ce	. Brook	lyn, N.	Υ.	U.S	.A.	
13. FATHER'S NAME				14. MOTHER'S MAIL					
Edwa	rd Colgan			Nora Lo	ngworth		11		
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dates	16. 9	SOCIAL SECURITY NO.	7. INFORMANT		******	ss #7 -15	0 11	St
(Tes, no, or unknown)	(IT yes give wor or dotes	or service)		Carolina	A: (1.7	Sy	essett	, L.I	S.
	EATH (Enter only one cou	use per line for	(o), (b), and (c),) a	Sister-in	2 10 1111	N.	Y . II	NTERVAL BETW	/EEN
	TH WAS CAUSED BY:	Dell'a Mil		gracy &	Klin	_	C	INSEL AND DE	ATUS S
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Conditions, if ony			Coron	any Vasc	wear	()use	and a	5 YK	25
rise to immedio	te couse (o),	(b)	11				,		
stoting the under	erlying couse	(c)	Hyto	ecterisin	144	Dea	care "	SYK	25
	ICHIEICANT CONDITIONS	''-	O DEATH BUT NOT BENTED	TO THE TEDMINAL DISEASE	CONDITION CIVEN	IN DADT 1/ol	Tie	IOTIIA ZAW O	YZG
PAKI II. UINEK 3	IGNIFICANT CONDITIONS C	ONIKIBUTING I	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN	IN PART I(0)		PERFORMED	D?
200. ACCIDENT WA		1						YES N	0
200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injur	y in Port I or Port I	I of item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
20c. TIME OF INJ	URY Month, Day, Yeor			PLACE OF INJURY (Home, foctory, street, office bldg.		(City or town)	(County)	(51	tote)
W 1001 0.	m. 19	While of work	Not While	locioly, sireer, office blug.	, elc.)				
21. I certi	ify that (I) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ded the deceased from	1	, 1962, ta	Aug. 3.		that (I) (x	M) las
saw the d	eceased alive an	Aug.	3, 19 67, and	that death accurred	at 3:10 M,	fram causes of	and an the do	ate stated	abave
220 SIGNATURE	0		. 00	ATTEMPING	MED. AM	CTAFF	22b. DATE SIG	SNED	
VKOW	annen A	. M	eller	M.D. PHYS.	DIRECTOR L	STAFF PHYS.			
22c. PHYSICIAN'S				22d. ADDRESS				7/0/1	
NAME (Type	Benjamin	S. Mi	ller, M. D.	3824-34	th St. M	t. Raine	er, Mary	land	
23o. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	ATION (City or Tov	vn) (Coun	ty) (Sto	ote)
REMOVAL (Specif	1 8/7/		Mt.Olivet			sh.D.	a		
24. FUNERAL DIRECTO		Funer	ADDRESS MIT	Rainier 250.	REC'D BY REGISTRAL	R 25b, RE	GISTRAR'S SIGNAT	URE_	
	Tome Tre-	T AHGT	Maryla	nd	ALIC Q		Marle		e

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers: Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 11373 Items #9,11,12,13 & 11 Film #4392 8/30/67 ph CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Maryland Prince Georges MARYLAND Prince Georges be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits, Chite RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 hours Hvattsville 55 minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Prince Georges General Hospital 7631 Goodland Drive YES NO NAME OF Middle pan Inst 4. DATE Month Year campletely DECEASED (Type or print) 1967 Charles W. Denson 100 DEATH Aug. IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years Months birthdoy) Hours 12/29/57 WIDOWED | DIVORCED Male White and remy in a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR J.1. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please and requires that the death certificate | g physician. Balto. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Louis Denson Janice Seymour IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service 10 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) by DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse aftending priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate PHYSICIAN: hospital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) TO FUNERAL DIRECTOR: After this (County) (Stote) Hour 'a.m. foctory, street, affice bldg., etc.) Not While at work Stat be retained by pe 21. I certify that (x) (this haspital) attended the deceased from Aug. 24, 1967, ta Aug. 24, 1967, that (x) (we) last saw the deceased alive on Aug. 24, 1967, ond that deoth occurred at 3:25 PM, fram causes and an the date stated above. 22a, SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S Prince Georges General Hospital Harold Y. Finck, M. D. NAME OF CEMETERY OR CREMATORY 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Tems #11 CERTIFICATE OF DEATH 11380 12829 24 hours after death. d in by the funeral sers. Pages 1 and 272 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Pr. George's Pr. George's MARYLAND Maryland b. CITY OR TOWN (If outside corparote limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn 6 months College Park College Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9708 L7th Place 9708 47th Place NO X YES ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle 4. DATE Last Month Year DECEASED Dora Ellen DICKERSON August 67 (Type or print) DEATH the attending physician and camples to be the sit permit. Then please remave S SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED birthdoy) Months Days Hours 10 February WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) INDIISTRY S.A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal William Bolt Martha Scott 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no. or unknown) I(If yes give war or dates of service 4719 Edgewood Rd. Coll. Pl Son burial, crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p HER ON JAMA Coronary occlusion IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove Generalized arteriosclerosis unknown rise to immediate couse (a). DUE TO for use as the b Health priar tab stoting the underlying couse this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO PE 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached for te Dept. af F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After 1966 21. I certify that (I) (this haspital) attended the deceased fram ____ July present . ta 19___, that (I) (we) last shauld saw the deceased alive on 11 August 19 67, and that death accurred at 7 P.M, from couses and on the date stated above 22o. SIGNATURE 22b DATE SIGNED STAFF PHYS. Aug. 1967 director, page 3 shauld be filed v PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Riverdale, Md. NAME (Type) Carl J. Houmann 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGN VR A15 (4) 25M 1/67 Charles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE

with the State Department of

a burial-transit permit. File pages 1 and 2

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> necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office glang with farm

TO DEPUTY MEDICAL EXAMINER:

This certificate shauld be executed within 24 haurs after death.

MAEDICAL EVANABLED'S CEDTIEICATE DE DEATH

PLACE OF DEATH O. COUNTY			2. USUAL RESIDENCE	(Where deceosed lived, if institut b. COUI	tion: Residence before odmission)
	Prince George	1 g MARYLAND	Maryland		ce George's
b. CITY DR TOWN	(If outside corporate limits, and give nearest tawn)	c. LENGTH DF STAY IN 16		utside carparate limits, write RU	
Mt. Rain	nier		Mt. Rai	nier	16 1
d. NAME DF HOSPI	TAL DR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	de Island Aver			Rhode Island A	ve. YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont	
(Type or print)	Elizabeth	7	Dodson	DEATH 8	31 1967
S. SEX	W. W.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 3-4-18	9. AGE (In yeors lost birthdoy)	Months Doys Hours M
Female	N (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	1191	12. CITIZEN OF WHAT
during mest of working	glife, even if retired)	INDUSTRY	WASHING		COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
UNK	MACHAI		UNKX	INWN	
15 WAS DECEASED EV	CORNER OR MEN OR OF THE OR	16. SOCIAL SECURITY ND. 17.	INFORMANT	Adds	能 AS#2
(Yes, no, or unknown)	(If yes give wor or dotes of ser	vice) ONKNOWN RO	BERT G, DO	DSOH SAM	IE AS THE
	DEATH (Enter only one couse p	er line for (o), (b), ond (c).)			INTERVAL BETWEE
PART I. DE	ATH WAS CAUSED BY-	Gunshot wound of	head		ONSET AND DEAT
1776	IMMEDIATE CAUSE (o) _				
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Conditions if on	DUE TO				
Conditions, if on	γ, which gove) (b)_				
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TO FUNERAL DIRECTOR: Page 3 shauld be used

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3 6 6 1 4 2 Election Contest driftee Osomer's The dept our ALCOHOLD IN 4 Tun 12 3 8 10 3 V - 1 The state of the s sod ' mico colore The state of the s **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Landshauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs afterdeat

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11383

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11387

CERTIFICATE OF DEATH

I. PLACE OF DEATH						
o. COUNTY Prince	ce Geerge's	MARYLAND	O STATE	Where deceosed lived, if institution b. CO	tution: Residence befo	. 1
b. CITY OR TOWN (If outsi		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside corporote limits, write F	RURAL ond give neore	est tawn)
write RURAL and give	nearest town)	D.O.A.	Saraseta		48	2
d. NAME OF HOSPITAL OR	INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Eugene Le	land Memorial	Hespital	1810 Grev	re Street		YES NO TO
3. NAME OF	First	Middle	Lost		onth Do	y Year
DECEASED (Type ar print)	Oscar	Mencure	Embrey	OF DEATH Augus	t 11	19 67
S. SEX 6. CC	DLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male W	hite WIDOWED	DIVORCED	24 April 18	lost birthdoy) 80 yrs.	Manths Doys	Hours Min.
10o. USUAL OCCUPATION (Give		CIND OF BUSINESS OR		& State, ar foreign country)	12. CITIZEN C	
during most of working life, ever Heating	en if retired)	NDUSTRY LI Emp.	Virginia		U.S.A	?
13. FATHER'S NAME			14. MOTHER'S MAIDEN I			
Charles Em	brev			Celbert		
1S. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Ade	dress	
(Yes, no, ar unknown) (If yes	give wor ar dotes of service)	79-32-8826 Da	wid Embrew	Ol6 Madison	St Hwatt	swille Ma
PART I. DEATH WAS	Enter only one couse per line for S CAUSED BY: IMMEDIATE CAUSE (o)	(o), (b), and (c).)	il Doppi	tin	0	TERVAL BETWEEN NSET AND DEATH
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rise to immediate caus stating the underlying last.	(c) DUE 10	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)	100 TO 10	WAS AUTOPSY PERFORMED? YES NO
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11389

3. NAME OF DECEASED PUE IN OF DEATH SUT IN OF BUSINESS OR INDUSTRY 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPACE (County & Sidne, arr foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) 19. WAS AUTOPSY PERFORMED? 19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of them 18.) 19. WAS AUTOPSY PERFORMED? PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of them 18.) 19. WAS AUTOPSY PERFORMED? PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of them 18.) 19. WAS AUTOPSY PERFORMED? PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of them 18.) 19. WAS AUTOPSY PERFORMED? P	1.		ro hoforo admission)
b. CITY OR TOWN (If autside carparate limits, write RURAL and give newsers Lawer) b. CITY OR TOWN (If autside carparate limits, write RURAL and give newsers Lawer) c. CITY OR TOWN (If autside carparate limits, write RURAL and give newsers Lawer) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS North ADDRESS d. STREET ADR	-		re perdie odinission)
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DIVORCED B	_	(Type ar print) U/O DEATH OF ICHOEL TOLOGY DEATH	
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21. I certify that (I) (this haspital) attended the deceased fram 8-20, 1967, ta 8-21, 1967, that (I) (we) saw the deceased alive an 8-20, 1967, and that death occurred of 8:05 M, from causes and on the dote stoted ab	EDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Haur a.m. 20f. (City ar tawn) (Cat	unty) (State)
saw the deceased alive an 8-2e 1947, and that death occurred of 5.05 M, from causes and on the date stated ab	Σ	p.m. if at wark 🗀 at wark 🗀	d ·
22b. DATE SIGNED			2, that (I) (we) la
ATTEMPINE MED CTAFE			
M.D. ATTENTION WILLETON PHYS. 8-21-67		ATTENDING MED. STAFF	-21-67
22c. PHYSICIAN'S 22d. ADDRESS		The state of the s	A 3 3 4 6
NAME (Type) Donald R. Purdie, M.D. 4400 Queensburg Rd. Kiverdale, M.		NAME (Type) Donald R. Yurdie, M.D. 14400 Queens bury Rd. Rive	erdale, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	L		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11390 386 CERTIFICATE OF DEATH death. death and era 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUN MARYLAND The law requires that the death certificate be executed within 24 hays-often c. CITY OR TOWN (If autside corporate limits, write RURA) and give nearest town) b. CITY OR TOWN (If outside corporate limits) c. LENGTH OF STAY IN 16 write RURAL ond give georest town) completely filled in by NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2-12 YES NEL NAME OF DATE 4. Year Dov DECEASED DEATH 196 IF UNDER ROVOR OR RACE 7. MARRIED NEVER MARRIED (birthdoy) Months Doys Hours any WIDOWED DIVORCED rem physician and 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done . BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT = ease during most of working life, even if retired NDUSTRY COUNTRY ? NGINEER colores 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line TERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY ERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES 🗌 NO _ for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING the haspital OR CONTRIBUTING [CAUSE OF DEAT, detached (IF EITHER, NOTIFY MEDICAL EXAMINE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m foctory, street, office bldg., etc.) While Not While ot work at work L pe 21. I certify that (1) (this haspital) attended the deceased fram ta d be retained shauld and that death accurred 2.36PM, fram cooses and an the date stated above. Reased alive an saw 220. SIGNATUR ATTENDING STAFF director, page 3 shauld be filed M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 3066 22c. PHYSICIAN'S Lyddane Stuart Street NAME (Type) H 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 8-29-67 Silver Gate of Heaven Cem. Spring. Maryland ADDRESS 24. FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Mt Rainier, Md. Nalley Funeral Home

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

CERTIFICATE OF DEATH

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	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
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		21. I certify that (1) (this hospital) attended the deceased fram
		saw the deceased alive an 2 - 16 1960, and that death occurred at 2:25 FM, fram causes and on the date stated above
		220. SIGNATURE 220. SIGNATURE 220. DATE SIGNED
		ATTENDING MAPD STAFF O
		Ilfred Open M.D. PHYS. DIRECTOR PHYS. 18-16-67
		22c. PHYSICIANS NAME (Type) ALCRED R. LARMING 22d. ADDRESS
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11393 CERTIFICATE OF DEATH 11383 OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY NEE o. CDUNIX o. STATE for JEORGE'S within 72 hours after c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TOWN (If outside corporate limits c. LENGTH DF STAY IN 1b write RURAL and give neorest town) Clinton VEARS d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS .⊑ 6015 old ON A FARM? 05 WOODWAR NAME OF Middle DATE Year remove tokban DECEASED Glotfelty 19 67 Charles E event, DEATH IF UNDER 24 HRS 8. DATE DF BIRTH IF UNDER 9. AGE (In years S. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 10-7-07 ond in ony Male Cauc WIDOWED DIVORCED ond 12. CITIZEN DF WHAT 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) CDUNTRY? INDUSTRY CARPENTER 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME burial, cremation, ar removal, Welch 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DNSET AND DEATH burial-tronsit PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or attending physician. DUE TD Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause os the prior to this certificate hos been 19. WAS AUTDPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO none 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME DF INJURY Month, Doy, Yeor 20d. INJURY DCCURRED Hour o.m. foctory, street, office bldg., etc.) at work O FUNERAL DIRECTOR: After ot work 1967 ta 8-17, 19_6,7hat (1) (we) las 21. I certify that (1) (this haspital) attended the deceased fram 8 . 12 1960, and that death accurred at 2 PM, fram couses and on the date stated obave saw the deceased alive on 8 -220. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 5116 Middleton Lane, Camp Springs, Md. David N. Robb , M. D. NAME (Type) director, shauld b 23c. NAME OF CEMETERY DR CREMATDRY 23d. LDCATIDN (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREDF (County) BUR IAL (Specify) 8/28/67 Mt. Nebo Cemetery Saltlick, Fayette, Penna, 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home VR A15 (4) 25M 1/67 4308 Suitland Road, Suitland, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral death. death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) and PLACE OF DEATH a. COUNTY b. COUNTY Prince Georges Mary land Prince Georges MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours 5 days Seabrook Cheverly e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled ON A FARM? YES ND 9616 Van Buren Street Prince Georges General Hospital completely eyent, with carbon DATE Month Day Year NAME OF Middle Last DECEASED DEATH 1967 (Type or print) 25 C. Gose August .Tames executed AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days 6. CDLOR OR RACE | 7. MARRIED FUNDER 24 HRS 5. SEX DATE OF BIRTH emove any eye NEVER MARRIED Hours 83 8/3/84 White WIDOWED XX DIVORCED | Male 1Da. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Ξ attending physician rmit. Then please COUNTRY? certificate be and Virginia USA Retired farmer 14. MOTHER'S MAIDEN NAME removal, 13. FATHER'S NAME Frances Shoemaker James B. Gose 17. INFDRMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 0 death (Yes, no, or unkown) (If yes give war or dates of service) ed by the atte transit permit cremation, or Seabrook, Md. Jeanne Draughn INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a): DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior ' underlying cause last. certificate has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION **D FUNERAL DIRECTOR:** After this cerificate h director, page 3 should be detached for use should be filed with the State Dept. of Health I PERFORMED? NO 17 YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 20f. (Clty or town) (County) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m ATTENDING be retained by 19 at work at work p.m. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from P.M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at I 22b. DATE SIGNED 22a. SIGNATURE ATTENDING Aug. 25, 1967 DIRECTOR PHYS. PHYS. ADDRESS 22d. PHYSICIAN'S 7601 Riverdale Rd. Lanham, Maryland NAME /Tyre James W. Harding. 23c. NAME DF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREOF BURIAL, CREMATION, BUYAL (Specify) 2 Aug 29, 1967 Temple Hill Cemetery Castle Wood Virginia 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Hyattsville, Md. 24. FUNERAL DIRECTOR Gasch's Sons VR A15 (4) 15M 4-64

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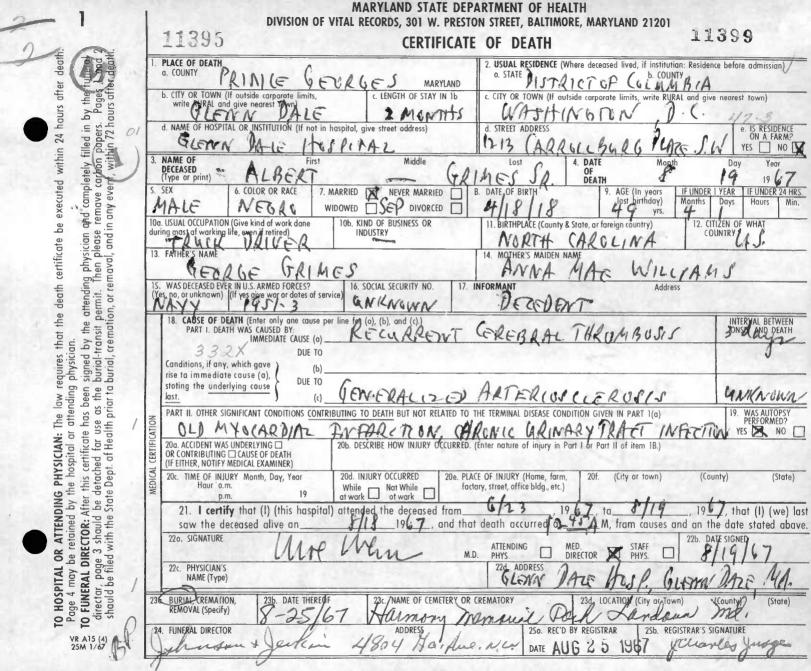
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it	1	22c. PHYSICIAN'S Draw & Anders	22d. ADDRESS 308 Ovelge Park Rd freedom und
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11401 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY Prince Georges Prince Georges Mary land pletely filled in by the fune farbon popers. Pages 1 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 4 hrs.25 mins Chapel Oaks Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1415-58th Ave. Prince Georges General Hospital YES NO 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) Harrison 19 67 Leornard DEATH August 28 NEVER MARRIED IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR remove ev lost birthdoy) Months Dovs Hours WIDOWED DIVORCED Colored 1899 Male and 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country)
Mecklenburg Co. N. C. 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT eose during most of working life, even if retired) INDUSTRY COUNTRY? ottending physicion sermit. Then pleose U.S.A. Truck farmer Mecklenburg 14. MOTHER'S MAIDEN NAME Self 13. FATHER'S NAME or removal, Thomas Kistler Harrison Esther Spears IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Girlever Ginvard 5710 Oates St.N.E. None cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove Les Cardiovascular Lisenso rise to immediate couse (a). **DUE TO** stoting the underlying couse os the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased fram Aug. 28, 1967, to Aug. 28, 1967, that XX (we) last saw the deceased glive an Aug. 28, 1967, and that death accurred at 1:55 M fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE PHYS. XXX M.D. DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Tomas Hernandez, M. D. NAME (Type) Prince Georges General Hospital 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Harmony MEMORIAL Park 7601 Sheriff Rd.N.E. Md Buria 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 909 6th St, N. W. 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11403 11399 CERTIFICATE OF DEATH filled in by the funeral repapers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George
b. CITY OR TOWN (If outside corporate limits, MARYLAND Maryland Prince George c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) born papers. Pag within 72 hours Riverdale College Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Eugene Leland Memorial Hospital 9909 Baltimore Ave. NO YES 3. NAME OF Middle 4 DATE Last Month Year DECEASED (Type or print) DEATH 19 the attending physician and camp sit permit. Then please remave YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED B. DATE OF BIRTH NEVER MARRIED (ast birthday) Months Hours Min. Female 2-22-84 White and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY ? during most of working life, even if retired) INDUSTRY Maryland HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. ANNIF Levpoldt. Christopher 17. INFORMANTE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) crematian. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
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CAUSE OF DEATH detached of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not While be de State 19 ot work at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram 3 shauld I with the S saw the deceased alive an and that death accurred at A M. fram causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNS **ATTENDING** M.D. DURECTOR page 3 PHYS 22c. PHYSICIAN'S ADDRESS director, pa shauld be f NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (County) (Stote) REMOVAL (Specify) EPISCOPA REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11404 CERTIFICATE OF DEATH 11400 the funeral oges. I and 2 safter death. requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Prince Georges o STATE b. COUNTY MARYLAND Marvland Prince Georges b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Cheverly 10 days Brandywine campletely filled in bave carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital Rt. #2, Box 227 YES NO F 3 NAME OF Middle and campletely f 4. DATE Manth First Day Year DECEASED (Type or print) 19 67 3. August DEATH Louise H111 IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Months Hours Davs colored 10/4/04 female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if refired)

Matron 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY School attending physician permit. Then please COUNTRY? and Washington, D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Edith Jackson George Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates af service) signed by the atten burial-transit permi burial, crematian, a Miss Catherine E. Hill - Brandywine, Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Metastatic carcinoma, terminal IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Carcinoma of the Uterus 10 years Canditions, if ony, which gove rise to immediate couse (o), DUE TO ed far use as the b of Health priar tab stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) Nat While of wark at work 21. I certify that (1) (this haspital) attended the deceased from July 24, 1967, to Aug. 3, 1967, that (1) (we) last sow the deceased olive, on Aug. 3, 1967, and that death occurred of 10:45 M, from causes and on the date stated above. directar, page 3 shauld shauld be filed with the 22a. SIGNATURE 22b. DATE SIGNED MED. AM STAFF MA DIRECTOR PHYS. 3K3K3X 22d. ADDRESS 22c. PHYSICIAN'S William B. Gunther, M. D. Brince Georges General Hospital NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Clinton, Maryland Pr. Geo. C 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Forest Hill Cemetery Aug-8-1967 24. FUNERAL DIRECTOR Funeral 145015 ADDRESS 12th Street, N. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Miarles & VR A15 (4) 25M 1/67

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Xec	dimo nin	1	(Type or print) JOSEPH CHARLES HIGGINS DEATH AUGUST	24 1967
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11406 11402 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY o. STATE b. COUNTY Poge 0 of Prince George 2 Virgin ia MARYLAND delay Stote Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and PM3. DOA Vienna Suit.land d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? form 9116 Leesburg Pike NO be Give Pages Andrews Air Base Hospital be executed within 24 hours ofter deoth. "pending" in pencil in Item 18. Give Page NAME OF Middle 4. DATE OF Lost Month Dov Year DECEASED 19 67 Hitchcock Eric Windsor DEATH (Type or print) Medical Examiner's Office olong IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In veors 6. COLOR OR RACE 7. MARRIED NEVER MARRIED tpatybirthdoy) Months Dovs Hours 20 Jan., 1950 W within 72 hours after deoth. WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Student COUNTRY? INDUSTRY D. C. U.S pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mildred Houmiller Dal Hitchcock IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, ng, pr unknown) (If yes give wor or dotes of service pending" Dal Hitchcock - Father #2D INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Chief ! buriol-tronsit event 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Laceration of brain IMMEDIATE CAUSE (o) This certificate should writing the word DUE TO any Minutes Trauma-Auto accident Conditions, if ony, which gove rise to immediate couse (a). 0 = DUE TO stoting the underlying couse pup last. be used 19. WAS AUTOPSY PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificote, NO 4 should be 20o. EXTERNAL CAUSE WAS PRIMARY ☐ FOR CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should cremotion, or Passenger in car involved in collision. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While Cedar ville Rd., Brandywine, moy be retained for your FUNERAL DIRECTOR: Page P.G. Md. of work of work 11:00 pm 8-12-6719 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , Inquiry and in my apinian Notural causes Accident Suicide Hamicide Undetermined manner deoth resulted from: funerol director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE Prince George Worv MEDICAL EXAMINER X 8-13-67 ohn Kehoe, M.D., **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMA 23b. DATE THEREOF 50 9 8-13-67 Georgetown Med. School Washington, D. Remo 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME DATEAUG 21 1967

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MARYLAND STATE DEPARTMENT OF HEALTH "DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DICAL EXAMINER'S CERTIFICATE OF DEATH 11407 FOR STAT . PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE Page delay is Maryland Prince George's Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and P.M3. write RURAL and give nearest town) Suitland Suitland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Office olong with far pencil in Item 18. Give Poges 4000 Brook Drive, Apt. 616 4000 Brook Drive, Apt YES NO To the State This certificate should be executed within 24 hours ofter death. 3. NAME OF Middle 4 DATE Doy Year DECEASED Lillian Hoffman 67 (Type or print) DEATH 19 Trene S SFX AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIFD NEVER MARRIED XX 8. DATE OF BIRTH lost birthdoy) Months Doys Hours death. DIVORCED WIDOWED 4-28-1918 land 2 Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT ding most of working life, even if retired) urvey Statastian Census Bureau COUNTRY? hours after Washington D. C. the Chief Medicol Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James L Hoffman Miriam C Berkstresser File .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 578-10-4728 James L Hoffman University Park. Md. within no 18. CAUSE OF DEATH (Finter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN buriol-tronsit event PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSF (6) Rupture of aneurysm of left anterior cerebral writing the word DUE TO artery any Conditions, if ony, which gove rise to immediate cause (o), 0 = DUE TO stating the underlying couse and SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY removol, PERFORMED? CERTIFICATION please execute the certificate, YES T NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) 3 should PRIMARY Or CONTRIBUTING O 5 AL EXAMINER: CAUSE OF DEATH cremotion, MEDICAL 20c, TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) Your Page ot work of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x Inquiry 🔽 and in my apinian for DIRECTOR: Natural causes, death resulted fram: Accident Suicide Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** 8-31-67 Health John Kehoe, M.D. Riverdale. Md. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CHENCER'S 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) 50 BREMOVAL (Specify) Sept 4, 1967 Salem Union Dover Pa. 250. RFC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR Munces VR A15ME (5) Hyattsville. Md. 196 Gasch's Sons 6M 1/67

ELAVE T ull Day sviral tipe at the Survey States and Committee of the Commi A TOTAL CONTRACTOR OF THE PARTY String a string to the STS-10- Vist Land + water to the Vist -01-873 Although the Colorest Co. V. C. edn. Million C. nging word Vott , i do will be to be

PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 OF DEATH 11408 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) b. COUNTY 0 N 4 MARYLAND OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 16 (If-outside corporate limits, write RURAL and give nearest town) vrite RURAL and give neerest town) OR INSTITUTION (if not in hospital, give e. IS RESIDENCE ON A FARM? YES NO Middle DATE Day Year DECEASED OF (Type or print) DEAT 19 carbon nt withi S. SEX AGE (In years last birthday) IF UNDER 24 HRS HE UNDER 1 YEAR 7. MARRIED NEVER MARRIED Months Days WIDO WED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) during most of working life even if retired) death 7. INFORMANT ARMED FORCES? 16. SOCIAL SECURITY NO. I Address (Yes, no, or unkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of item 18.) NO ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town). (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from... that (I) (w) last and that death occured 630M, saw the deceased alive on..... from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. PHYS. FUNERAL 22d. ADDRESS NAME (Type filed v 28b. DATE 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, THEREOF 23c. NAME OF CEMETERY OR CREMATORY P dig REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 15M 7 61

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- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11409	
	1. PLACE OF DEATH O. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before to STATE Maryland Prince George	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Cheverly C. LENGTH OF STAY IN 1b Hyattsville	st tawn)
ľ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	e. IS RESIDENCE ON A FARM? YES NO
L	3. NAME OF First Middle Lost 4. DATE Month Doy OF (Type or print) Richard Allen Hood DEATH 8 3	
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 7. July 1967 Yrs. No. ISLIAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11) RIPTHDIACE (State or foreign country) 12 CITIZEN OF THE PROPERTY OF THE PROPER	Hours Min.
0	during most of working life, even if retired) None INDUSTRY Maryland U.S.A 13. FATHER'S NAME	
-	Allen Baxter Hood Barbara Jean Harris 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Address	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pneumonitis ON Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last. (c)	2 EERVAL BETWEEN ISET AND DEATH
ILLUATION!	200. EXTERNAL CAUSE WAS 200. DESCRIRE HOW IN HIRY OCCURRED. (Finter noture of injury in Port Lor Port II of item 18.)	WAS AUTOPSY PERFORMED? YES X NO
MUNICAL CENT	PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) at work of the street of the stree	(Stote)
		d in my opinio
		22. DATE SIGNED 8-4-67
1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County Bremoval (Specify) 8/5/967 (County Bremoval (Specify))	
1	24. EMPERAL DIRECTOR ADDRESS ADDRESS 250. REC'D BY REGISTRAR 256. REC'D BY REC	I Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11411 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE h COLINTY Poge Prince George s

b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Maryland Prince George's
c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) MARYLAND 2, and 3 the PM3. Pog c. LENGTH OF STAY IN 1b. Cheverly DOA

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) DOA Hyattsville d. STREET ADDRESS IS RESIDENCE ON A FARM? with farm Item 18. Give Poges 1, YES NO X Prince George General Hospital 3825 Hamilton St. This certificate should be executed within 24 hours ofter death. NAME OF Middle Lost 4 DATE Month Doy DECEASED (Type or print) DEATH Hurd along James IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs WIDOWED DIVORCED 29 July 1919 White Male 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Virginia U. S. writing the word "pending" in pencil in Irwarded to the Chief Medicol Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Cora Smith Henry Hurd IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Same as Item 2. in ony event within 72 (Yes, no, or unknown) (If yes give wor or dates of service) 236-09-8121 Dorothy May Hurd No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary artery occlusion Arteriosclerotic heart disease over 4 yrs. Conditions, if ony, which gove rise to immediate couse (a), forwarded to DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) or removol, the certificote, Myocardial infarction - 1963 YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 200. EXTERNAL CAUSE WAS 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 5 moy be retained for your in TO FUNERAL DIRECTOR: Poge 3 Health prior to burial, cremating Not While foctory, street, office bldg., etc.) While of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀, Inspection 😿 Inquiry x and in my opinian death resulted fram: Natural causes X. Modent Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Kehoe, M.D. Riverdale, Md. 8-3-67 Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CRÉMATION 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) Burial Highland Mem. Park Fayette County, W. 8-5-67 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) ROBERT A. PUMPHREY. Bethesda, Maryland DATAUG Villageles Judges 1967

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funeral ithin 24 hours after The law requires that the death certificate be executed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h

11408

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11419 11412

PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
PRINCE GEORGES MARYLAND	MARYLAND PRINCE GEORGES
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
ANDREWS AF BASE 3 days	HILLCREST HEIGHTS /6·/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
HOAD HOODINAL ANDDELIC	VEC T NO T
USAF HOSPITAL ANDREWS 3. NAME OF Middle	2600 AFTON ST Last 4. DATE Month Day Yeer
DECEASED (Type or print)	OF DEATH
FUGENCIA MARCELTNA	JOHANSEN AUGUST 23 167
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Hours Min.
FEMALE CAU WIDOWED TO DIVORCED []	16 Jan 1891 76 yrs.
10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working lite, even if retired) HOUSEWIFE NA	San Juan, Puerto Rico USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN DeLeon	UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	arolyn Sonnemamm
NO NA 579-629-942 I	Daughter Same as #2 INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6) CARDIAC ARREST	
5705 DUE TO	
Conditions, if eny, which \ (b) SEVERE PULMONARY	INSUFFICIENCY 1 Hr
gave rise to immediate cause	
(e), stating the underlying cause last. (c) POST OP INTESTIN	JAL OBSTRUCTION 72 Hr
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PERFORMED?
Y COLUMN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Part II of itam 18.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
e Hour e.m.	tory, street, office bldg., atc.)
	10 11 (0 () 1
21. I certify that (this hospital) attended the deceased from.	21 Aug, 1967, to 23 Aug, 19.67 that (1) (we) last
saw the deceased alive on2.3Aug196.7, and that	t death occured at
22a SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
It rank A. Comp "	A.D. PHYS. DIRECTOR PHYS. 23 Aug 6
22d PHYSICIAN'S	22d. ADDRESS USAF Hospital Andrews
NAME (Type) FRANK A. CAMP. MAIT. USAF	MC Andrews AFB, Wash DC 20331
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
DEMOVAL (Specify)	tional Cemetery Arlington, Virginia
	THE PERSON OF PERSONS AND AREA PROJECTS AND SECONDATIONS
24 FUNERAL DIRECTOR'S SIGNATURE Robert E. Wilhelm Fune	ral Home DATEAUG 28 1967 FULL AND STATE

DeLaco TAN 579-529-902 Carolyn Sonneswan Sons de 43 derint 8/8/67 articular Landing Company Articular Virginia

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11409 CERTIFICATE OF DEATH 77413 death. requires that the death certificate be executed within 24 hours after death. funerol pup I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Prince Georges o. STATE b. COUNTY rely filled in by the fune rban papers. Pages 1 o within 72 hours after d MARYLAND -Viegrain b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) completely filled YES NO [NAME OF Middle Year DECEASED Type or print) DEATH AUgust 196 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 1 YEAR NEVER MARRIED remove lost birthdoy) Months Doys Hours 13/1901 ond in any WIDOWED DIVORCED Caw ond 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) 12. CITIZEN OF WHAT physician o during most of working life, even if retired) Clerk-Treasuary COUNTRY? Govit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phy permit. Then removo Edna A. Spencer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates af service) 0 RHusband same 8 8 cremotion, 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit i burial, cremati IMMEDIATE CAUSE (a) or offending physician. Vascular Acc DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO for use as the l Health priar to b stoting the underlying cause hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY ATTENDING PHYSICIAN: The PERFORMED' TO FUNERAL DIRECTOR: After this certificate by the hospitol 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etoched ō (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) Haur a.m. Not While factory, street, affice bldg. etc.) State at work 21. I certify that (I) (this hospital) attended the deceased fram be retained and that death accurred at 229AM, from causes and an the date stated above saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR director, page Should be filed 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 230. 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Cedar Hill Cemetery Prince Georges Md. Co. 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

14th St.

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	MARYLAND STATE DEPA	ARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 30	OF DEATH	1, MARYLAND
	11410		
1.	e. COUNTRY	. USUAL RESIDENCE (Whare deceased lived, If Instit o. STATE b. COLINTY	NCEGEORGE
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RUI	
	write RURAL and give neerest tokn) Cheventy 6 mos	HYATTSUILLE	16=1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDEN
	NAME OF First Middle	1311 (hesa Perke	Dey Yeer
3.	DECEASED	MERER DEATH AUG	13 196
5.		ATE OF BIRTH 9. AGE (In year) IF U	INDER 1 YEAR IF UNDER 24 H
	F White WIDOWED DIVORCED 1)e	(9) (05 yrs.	onths Deys Hours Mi
10 d	USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	11. BIRTHPLACE (County & Stete, or foreign country)	12. CITIZEN OF WHAT COUN
13	FATHER'S NAME	EXPORT) A	NSLI
1	Obedia Hill	11. ((0) 10 7)	om pson
	THE PERSON EVEN IN COST LINEARS LONGES. 10: 00 CIVE OF COURT LINE IN THE	ORMANT Address	15
10	is, no. of unkown) (If yes give were dates of service) 173-16-7856 A	xyhter Mas Mildre	d1) uqueT
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	m A 50375	1/2/1
	Conditions, if any, which (b) CARCINOMA	BE COLON	20/2 VI
	geve rise to immediate ceuse		11-1
	cause lest. (c)		
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMI
Z Z	ACCIDENT WAS UNITEDIVING TO J. 201. DESCRIPT HOW INHIBY OCCUPED IS	inter nature of injury in Pert I or Pert II of item 18.)	YES NO
CERTII	20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURED. (E) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	men nature of injury in Fort For Fort is of now 10.7	
CAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE	OF INJURY (Home, farm, 20f. (City or town), street, office bldg., etc.)	(County) (Stet
WEDI	Hour e.m. While Not While fectory, p.m. 19 at work et work	, street, onice ordg., etc./	
	21. I certify that (I) (this hospital) attended the deceased from	June 103 -10 8 13	, 19. (a, hat (I) (we
	saw the deceased alive or	eath occured at 5644, from the causes and	d on the date stated a
	22a. SIGNATURE A poneau M.D.	ATTENDING MED STAFF PHYS. DIRECTOR PHYS.	8/13/15
	22c. PHISICIAN'S	22d. ADDRESS 19	1010
	NAME (Type) / VORM 480 ONAI (ONICA	4 3503 / enny 37 /	n) ((Ainie)
2	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town of	or county) (State)
	Burial aug 16,1969 Hills Chuch		NShip Wind
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS M.	1101 1 190	iarles judge
	J. Jusch ons loyammule, m	DATEAUG 13 1001	

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	FOR STANK		11411	MEDICAL EXAMINER	S'S CERTIFICATE (OF DEATH	2210
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	S. auld	E	PRIMARY or CONTRIBUTING CAUSE OF DEATH.				
	MEDICAL EXAMINER: This please execute the certificate, director. Page 4 shauld be foretained far yaur files. DIRECTOR: Page 3 shauld be ut to burial, cremation, ar rema	SI	20c. TIME OF INJURY Month, Doy, Yeor		e. PLACE OF INJURY (Home, for		(County) (Stote)
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	cerrices.	AL C	CAUSE OF DEATH.		Fe	ll at home			(4)	10	16:
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6. SOCIAL SECURITY NO. 17. INFORMANT Address
12-56-0425 MARGARET WATERHOUSE, GREENBELT, MD 15. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, grunknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) Heart failure days DUE TO Arteriosclerotic heart disease years Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO X Fracture of right hip -20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) PRIMARY Or CONTRIBUTING 25 CAUSE OF DEATH Fell at home 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, affice bldg., etc.) ot work ot work same as 21. I certify that I took charge of the remains described above, held on Autopsy Inspection , Inquiry | ond in my opinion deoth resulted from: Homicide [Undetermined monner Notural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER

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FUNERAL HOME, WALDORF, MD

Riverdale, Md.

Kehoe, M.D.

REC'D BY REGISTRAR

WALDORF, CHARLES,

(Stote)

DEPUTY MEDICAL EXAMINER ST

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Address (Street, city, town, or county)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11219 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY o. STATE b. COUNTY delay is and 3 to M3. Page af Prince George's MARYLAND Maryland Anne Arundel Department c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. P.M3. DOA Cheverly Laurel d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in pencil in Item 18. Give Pages 1, Examiner's Office along with farm Prince George General Hospital State 3303 Sudlersville South NO Sc YFS be executed within 24 haurs after death. 3. NAME OF Middle First Lost 4 DATE Doy Year DECEASED Wallace (Type or print) G Lee DEATH 1967 S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Manths Hours within 72 hours after death. WIDOWED DIVORCED Male White 26 Aug. 1912 10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)
Retreed (het Comm. 5 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? St. Louis, Missouri 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William W. Lee 17. INFORMANT ⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 3303 Sudlersville South Laurel, Maryland rd "pending" in Chief Medical E (If yes give wor or dotes of service) Martha Ann Lee 577-36-2355 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH any event IMMEDIATE CAUSE (o) Heart failure minutes e, writing the ward farwarded ta the Ch This certificate should DUE TO Arteriosclerotic heart disease over 2 yrs. Conditions, if ony, which gove rise ta immediate cause (a), _ DUE TO stoting the underlying cause SD remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? Diabetes - over 7 yrs. NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING d CAUSE OF DEATH burial, cremation, MEDICAL (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) Nat While factory, street, office blda, etc.) While of work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection x Inquiry or and in my opinion Natoral causes X / Accident Undetermined manner deoth resulted frage Suicide . Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe, M.D. Riverdale, Md. O FUNE 8-16-67 Address (Street, city, tawn, ar caunty) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 5 Fort Lincoln Cemetery Aug 17. 1967 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNARY AUG 18 1967 Cata 8434 Georgia Avenue VR A15ME 6M 1/67 Inc. Silver Spring. Pumphreu.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1142211417 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Maryland COLINTY Prince George Prince Georges MARYLAND requires that the death certificate be executed within 24 haurs after Ind composes, Pages lemove carban papers. Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) 6 days Takoma Park Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE 2 and any event, within 72 ON A FARM? filled Prince Georges General Hospital NO [YES 7401 Flower Avenue NAME OF Middle 4. DATE Last Month Day Year DECEASED Louise Lowe (Type ar print) DEATH A110 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** Manths Davs Haurs Mar. 22.1924 WIDOWED Sep DIVORCED Female White pub 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY attending physician sermit. Then please COUNTRY? S. Georgia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Unknown Everett Hurt 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 610 Markennedy Drive 16. SOCIAL SECURITY NO. 17. INFORMANT Mother permit. (Yes, no, or unknown) (If yes give war or dotes of service Chevy Chase, Md. Mrs. E.R. Hurt 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH keoves evelar accellent IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o). DUF TO stating the underlying cause priar ta the has been far use as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) af Health NO XX YES **DIRECTOR:** After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) 20d INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (x) (this hospital) attended the deceosed from July 28, 1967, ta Aug. 3, 1967, that (x) (we) last be filed with the 1967 and that death occurred at 7.07PM, from couses and on the date stated above. saw the deceased olive on Aug 22a. SIGNATURE 22b. DATE SIGNED X Aug. 4,1967 M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) William B. Gunther. M. D. Prince Georges General Hospital director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) B PEMOYAh (Specify) 8-5-67 Parklawn Cemetery Rockville, Maryland 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Ocharles 1967

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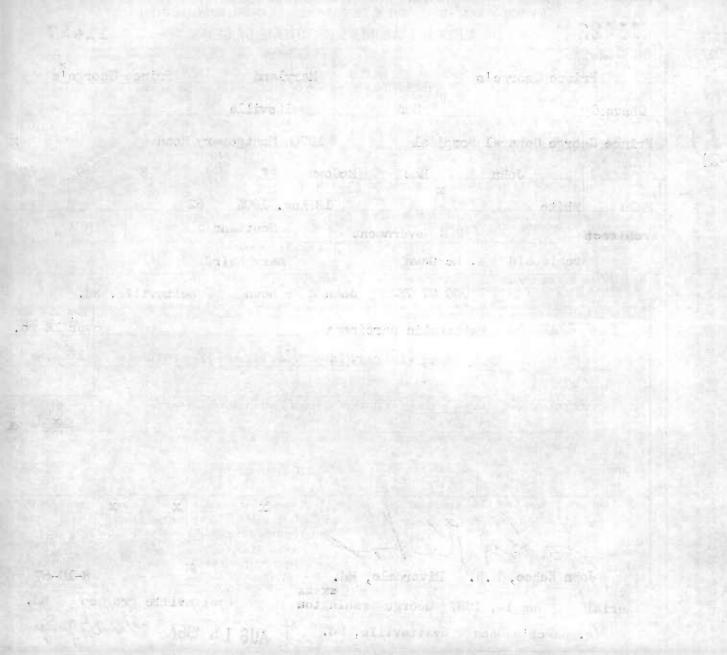
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY buriai-transit permit. Then please remave carbon papers. Pages 1 burial, crematian, or remaval, and in any exent, within 72 hours after MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits. write RURAL and give negrest town) month e. IS RESIDENCE ON A FARM? d. STREET ADDRESS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) filled Davis NURS: NG 2010 YES NO Z requires that the death certificate be executed within 3 NAME OF 4. DATE Manth Day Year campletely DECEASED 1967 (Type ar print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last, birthday) Manths Haurs 20,18 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? during most af working life, even if retired) IRGINIA Chief Eugineer - Western HIGH school 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mcartor 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dotes of service MRS MORY MORNOR 2010 Ft. Dours St SE INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line far (a), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a signed by Page 4 may be retained by the haspital ar attending physician. DUF TO SCIEROSIS Conditions, if any, which gave (b) rise to immediate cause (o), DUF TO stoting the underlying couse has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use State Dept. of Health NO this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 10 5 PM, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE 23-1967 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23da LOCATION (City or Town) (State) 23b. DATE THEREOF (County) BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item #1] 11423 11428 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Prince Georges o. STATE b. COUNTY MARYLAND Mary land requires that the deoth certificate be executed within 24 hours after Prince Georges b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pletely filled in by the carbon papers. Page rent, within 72 hours a Chever 1 and give neorest town) 4 hrs.6 mins New Carrollton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? signed by the attending physicion ond completely filled burial-transit permit. Then please remove carbon pape burial, cremation, or removal, ond in any event, within 72 Prince Georges General Hospital 5410-85th Ave. YES NO NAME OF Middle Lost 4 DATE First Doy Year DECEASED Baby (Type or print) Boy McGregor DEATH Aug S. SEX IF UNDER I YEAR IF LINDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED XX lost birthdoy) Months Hours Male White WIDOWED DIVORCED Aug. 30,1967 13. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Cheverly, P.G. Co. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William McGregor Sharon Marie Smith 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) attending physicion. DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse hos been ise as the the prior to be WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES X the hospital or **TO FUNERAL DIRECTOR:** After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While at work at work þ 21. I certify that (1) (this hospital) attended the deceased fram Aug. 30, 1967, to Aug. 30, 1967, that (1) (was last be retained saw the deceased elive an Aug. 30. 19 67, and that death accurred at 10.45W, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. PM STAFF MD DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Manuel Porres. M. C. 6315 Landover Rd. Landover, Maryland NAME (Type) 23o. BURIAL CREMATION 236. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMQVAL (Specify) Cremation Prince George's Gen. Hosp.
ADDRESS 250. REC'D'BY Maryland Cheverly 2So. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE RAL DIRECTOR DATESEP Charles 196 enn, Jr., Admin. Cheverly, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11424 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 11429 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o, STATE b. COUNTY Prince George's Prince George's Maryland MARYLAND delay buriol-transit permit. File pages land 2 with the State Department CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 days Suitland Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 4 should be forworded to the Chief Medicol Exominer's Office alang with farm 4627 Lewis Ave. Prince George General Hospital Give Pages NO X NAME OF Lost 4. DATE Month DECEASED McIntvre (Type or print) Frank DEATH 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost birthdoy) Months Hours ofter deoth. White WIDOWED DIVORCED 1-7-1908 Male in Item 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Credit Mgr. INDUSTRY COUNTRY? Cox oil Co. U.S.A. 14. MOTHER'S MAIDEN NAME This certificate should be executed within 13. FATHER'S NAME in any event within 72 hours Lawrence A MCIntyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

16. SOCIAL SECURITY NO. Gertrude Fallon 17. INFORMANT 2109 AdStitland Ter. (Yes, no, or unknown) ((If yes give wor or dotes of service) writing the word "pending" 091-05-7318Ludwika McIntyre Wash. D.C. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Laceration of brain Skull fracture DUE TO days Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be used 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 3 should 0 PRIMARY Or CONTRIBUTING CAUSE OF DEATH Fell down steps at apartment house. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.) Not While 67 of work of work + Home same as #2 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x, Inquiry x, and in my opinian FUNERAL DIRECTOR: death resulted fram: Natural causes Actident X funeral director. Suicide Undetermined manner Hamicide be retained CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. NAME (Type) John/Kehoe, M.D. 8-10-67 Address (Street, city, town, or county) 23o. BURIAL, CREM 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Buri Richmond Staten Islan
250. RECD BY REGISTRAR 5/30 Wisc are N.W. Washington D.C. VR A15ME (5) DATE AUG

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then please removements in papers, shauld be filed with the State Dept. af Health priar to burial, crematian, or remayal, and in any event, within 72 hours.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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		AL OR INSTITUTION (If no				d. STREET ADDRESS				e IS RE	SIDENCE FARM?
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	NAME OF DECEASED (Type or print)		urlene	Middle C.		Lost McKenney	4. DATE OF DEATH	Moi Aug		,	Year 9 6 7
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	IED B.	DATE OF BIRTH	-	AGE (In years	IF UNDER 1		DER 24 HRS.
1	Female	White	WIDOWED 3	DIVORC	CED 🗍	Feb. 18, 18	399	lost birthday) 68 yrs.	Months	Doys Haur	Min.
10a duri	ing most of working	(Give kind af work dane life, even if retired) wife		ND OF BUSINESS OR DUSTRY OWN home		11. BIRTHPLACE (County Tenness	& State, or fare			IZEN OF WHAT	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Wm S Burt	on			Susar	n Feath	ners			
		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	. 17. IN	FORMANT		Add	Iress		100
(Ye	no, or unknawn)	(If yes give wor or dates o	f service) 579	9 20 1163	Rob	ert L Rober	rts A	lexandı	ria, Va	1.	
	18. CAUSE OF D	EATH (Enter only ane cau	se per line for	(a) (b), and (c).)		0 0					BETWEEN
	18. CAUSE OF D PART I. DEA	TH WAS CAUSED BY:		(a) (b), and (c).)	ary	Occle	isio	~		ONSET AND	
	18. CAUSE OF D PART I. DEA 4201	EATH (Enter only one cou IH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a)		ary	Decle	usio	<u>ru</u>			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11429

CERTIFICATE OF DEATH

11434

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क ब्रह्म		PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece	osed lived, if institu	tian: Resider	ice befare (admissian)
funeral dead		a. COUNTY Pr	ince George	e's	MAR	YLAND	o. STATE Maryla	and	b. COU	NTY Prin	ice Ge	eorge's
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AL OR		22c. PHYSICIAN'S				^	22d. ADDRESS /					2108
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		NAME (Type)	1 62/)	1 720	RES. M	0.	4		EC, MA			
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11430

CERTIFICATE OF DEATH

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1	3. NAME DECEAS			F	irst	Middl	е	lost	4.	DATE OF	Month		Doy	Year
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				MED FORCES?		. SOCIAL SECURITY	NO. 17.	INFORMANT		4.7	Addres	s ,		
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1		II OTHER	SIGNIFICANT	CONDITIONS		TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEA	SE CONDITI	ON GIVEN IN	PART I(n)		19. W	AS AUTOPSY
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	220.	SIGNATUR	E		0			ATTENDING	MED	,	CTAFE	22b. DAT		
		1	115	Mus	Kar	MM)	M.	D. PHYS.	DIR	ECTOR	PHYS.	Au	g. 24	,1967
	22c.	PHYSICIAN NAME (Typ		per In	gham,	M. D.	4.31	Prince	-	res Ce	neral	Hospit	ra1	13.3
ı									0001					16
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Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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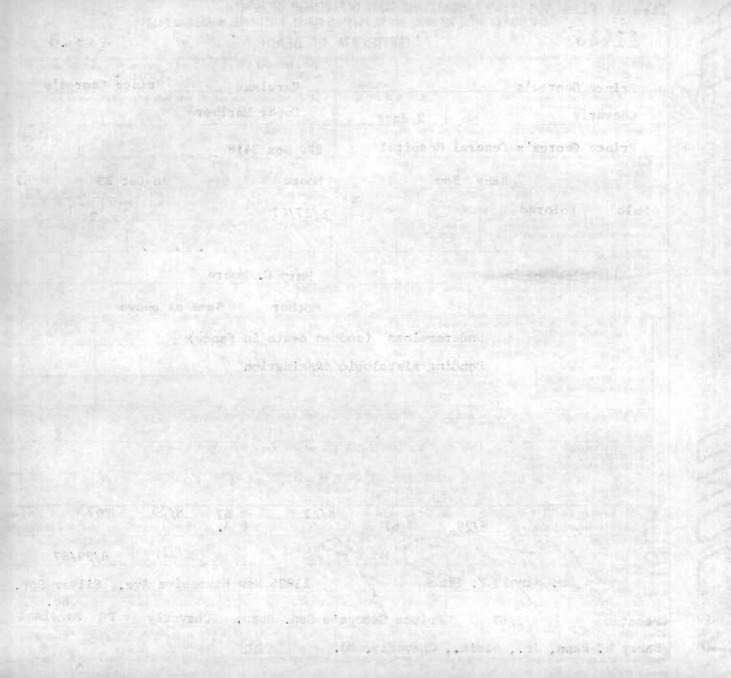
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MARYLAND STATE DEPARTMENT OF HEALTH

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h. 2	DIVISION OF VITAL RECORDS, 301 W. PRESTO 13 3 1 tem #11 & 13 infor, CERTIFICATE	N STREET, BALTIMORE, MARYLAND 21201 M birth cert. OF DEATH	1438
Pages and our effect	I. PLACE OF DEATH o. COUNTY Prince George's b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly 2 days	USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE Maryland	eorge s
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth be retoined by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours effect deoth	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince George's General Hospital 3. NAME OF First Middle	d. STREET ADDRESS RFD Box 3416	e. IS RESIDENCE ON A FARM? YES NO
	Colored WIDOWED DIVORCED DECEASED (Type or print) Baby Boy B	8/27/67 lost birthdoy) yrs. Months	Doy Year 19 67 YEAR IF UNDER 24 HRS. Doys Hours Min.
ysicion one pleose re ol, and in o	0o. USUAL OCCUPATION (Give kind of wark done luring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITI	ZEN OF WHAT NTRY?
by the attending physicion ond complete tronsit permit. Then please remove cart cremation, or removol, and in any event.	Mary C. Moore		
ring to be proposed by the happing of attending proposed and configurations of proposed by the first proposed by the proposed should be detected for use as the burial-transit place of the filed with the State Dept. of Health prior to burial, cremating the proposed by th	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. Undetermined (sudce the course (b)) DUE TO (c)	/examidation/	INTERVAL BETWEEN ONSET AND DEATH
rificate has been d far use as the of Health prior to	20o. ACCIDENT WAS UNDERLYING 20o. A		19. WAS AUTOPSY PERFORMED? YES NO
After this certi be detoched State Dept. of	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 While of work of twork	E OF INJURY (Hame, form, ry, street, office bldg., etc.) 20f. (City or tawn) (Coun	(State) (State)
To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the stay of being the state Dept. of Health prior to the state Dept. of Health prior to the state Dept.	21. I certify that (I) (this hospital) attended the deceased fram 8/27 , 19 67, ta 8/29 , 1967, that (I) (we) las saw the deceased alive an 8/29 19 67, and that death accurred at 6 A. M, fram causes and on the date stated abave 220. SIGNATURE 220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. B/29/67 221. PHYSICIANS PHYSICIANS NAME Hampshire Ave., Silver Spr.		
well the	30. BURIAL (REMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CONTERY OR CONTERY	REMATORY . 23d. LOCATION (City or Town) (Compared to the compared to the compa	Caunty)Md. (State)
5M 1/67	Harry W. Penn, Jr., Admin., Cheverly, Md.	DATE SEP 6 1967	



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. PLACE OF I		CERTIFICAT	E OF DEATH		1 4 4	39
	e Georges	MARYLAND	2. USUAL RESIDENCE (WI	_b.	stitution: Residence b COUNTY Ince Geor	
b. CITY OR Cheve	TOWN (If outside corporate limits, RAL and give nearest town)	c. LENGTH OF STAY IN 16 103 days	c. CITY OR TOWN (If outs Hyattsville		e RURAL ond give ne	/ 1
	HOSPITAL OR INSTITUTION (If not	, , ,	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
3. NAME OF	e Georges Gener		2803 Nichol		Manth	VES NO Year
DECEASED (Type or pr	-	ank L.	Moore	OF .		19 67
Male Male	white	7. MARRIED NEVER MARRIED XX WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 7/17/3	9. AGE (In year last Sirthda	ors IF UNDER 1 YE ay) Months Do yrs.	AR IF UNDER 24 HRS. DYS Hours Min.
during most of	JPATION (Give kind of work done vorking life, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY Safeway Store	11. BIRTHPLACE (County & Pennsyl 14. MOTHER'S MAIDEN NA	Vania	12. CITIZE COUNT	N OF WHAT
	nk Rarry Moor		Frances			
(Yes, no, or uni	SED EVER IN U.S. ARMED FORCES? nown) (If yes give wor or dotes of second secon	service)	rs.Frances		Address Same a	s #2
PAR / 6 Conditions rise to im	E OF DEATH (Enter only one cause I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO (b) if ony, which gove mediate cause (o), e underlying cause (c)	Carcinoma of the		with		INTERVAL BETWEEN ONSET AND DEATH
PART II. C	THER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO [
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	e. (Enter noture of injury in Po	ort I or Port II of item 18	8.)	
20c. TIME	OF INJURY Month, Day, Yeor lour o.m. p.m. 19		ACE OF INJURY (Home, farm, ictary, street, office bldg., etc.)	20f. (City or tow	rn) (County	(State)
saw	the deceased alive an	attended the deceased fram_ 19	dt death accurred at 1			, that (I) (w) lo date stated abov
22o. SIGI	IATURE OF A	. N	A.D. PHYS.	NED'. AM STAFF	22b. DATE	SIGNED
22c. PHY	SICIAN'S LE (Type) Aaron Deit	z M. D.	22d. ADDRESS Prince Geo.	rges Plaza,	Hyattsvil	le. Md.

103 4878 1818/5 A.d. .. Belleville Frances . Frances von The Report Line Land and Line Lines and Lines VES I HARRED, STRANDER TO MENORS A. MODER, Bend es No development of the wisher languages of A fantenien hamils tamos-Agree Delta. R. D. Prince (Server Plant, Vetter, 18. 19.

By Karl Mis. 7, 1957 Lord Lancols Condessing Condession, Association of the Condession of the Condessi

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11435 11440 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). a. COUNTY PRINCE GEORGES o. STATE b. COUNTY impletely filled in by the furce carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 2 MONTHS ALEXANDRIA CAMP SPRINGS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? USAFHOSP ANDREWS 5606 JUSTIS PLACE YES NO X campletely fi NAME OF First Middle DATE Last Manth Day Year DECEASED RICHARD FREDERICK MOORE AUGUST Type or print) 12 19 67 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 9. AGE (In years attending physician and camp permit. Then please remaye lost birthday) Months Days Haurs in any Male 8 March 1922 Cau WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired)
US AIR FORCE INDUSTRY COUNTRY? WARREN. MAINE ATR FORCE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, HARRY MOORE GLADYS OLIVER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, na, orunknawn) (If yes give war ar dates of service 0 004-16-5580 Wife and Medical Personnel Records 16 Sep 1940 YES crematian, 18. CAUSE OF DEATH (Enter of PLANS (BIA) For line for (o), (b), and (c), INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Metastatic cancer to liver and brain IMMEDIATE CAUSE (a) 151X DUE TO Conditions, if ony, which gave unknown primary cancer of cardia of stomach rise to immediate couse (a), DUE TO stating the underlying cause as been os the prior tak ATTENDING PHYSICIAN: The law last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Dept. of Health NO certificate 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20f. (City or town) (County) (State) Hour 'a.m. factory, street, office bldg., etc.) While Nat While at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from April , 19 67, to 12 Aug , 19 67, that (I) (we) lost sow the deceased alive on 12 Aug 19 67, and that death occurred at 0720 M from causes and on the date stated above. be retained 22o. SIGNATURE 22b. DATE SIGNED 12 Aug 67 M.D PHYS DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) FRANK A. CAMP USAF Hosp Andrews . AAFB Wash DC 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Maine Thonaston, 8-18-1962 Village Cem. Burie 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Falls Ch. 1967 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11436 11441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o STATE Maryland delay is and 3 ta Prince George's MARYLAND Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. three days Adelphi Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? arm Leland Memorial Hospital 2214 Phelps Road Give Pages NO X YES 24 haurs after death. in Item 18. Give Page the Chief Medical Examiner's Office along with NAME OF First Middle 4. DATE Lost Month Year DECEASED OF 19 67 Ronnie Dale Mova 8 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS permit. File pages 1 and 2 with 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In veors 7. MARRIED NEVER MARRIED lost birthdov) Months Dovs Hours 72 haurs after death white WIDOWED DIVORCED 9-30-51 male 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MIRGINIA U-5.A School Boy 13 FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within CLATTERBUCK .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2214 PHELPS RD (Yes, no, or unknown) (If yes give wor or dotes of service pending" within NONE MRS BARRRA ADEL DHI 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: NTERVAL BETWEEN burial-transit ONSET AND DEATH any event Laceration of brain IMMEDIATE CAUSE (o) MEDICAL EXAMINER: This certificate shauld writing the ward DUE TO Conditions, if ony, which gove Trauma - auto accident p rise to immediate couse (o), = DUF TO stoting the underlying couse please execute the certificate, writing the second of se pup OS be used or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X 20o. EXTERNAL CAUSE WAS PRIMARY ★ or CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 should CAUSE OF DEATH. passenger in car which struck a pole cremation, 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) 2Dc. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. while of work of work 1 6200 blck. 41st Ave., Hyattsville, P.G., may be retained far yaur FUNERAL DIRECTOR: Page Md. 2:12am p.m. 21. I certify that I took charge of the remains described bove, held an Autapsy Inspection X Inquiry X, and in my apinian Natural causes , Accident X Hamicide Undetermined manner death resulted from: Suicide | CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIG NATURE 8-5-67 DEPUTY MFDICAL EXAMINER **EXAMINER'S** Health NAME (Type) John Kehoe Address (Street, city, town, or county) M.D., Riverdale, Maryland 23o. BURIAL CREMATION. NAME OF CEMETERY OR 23d. LOCATION (City or Town) (County) (Slote) 50 BURIAL (Specify) AUG. 8 GRAHAM ORANGE. REC'D BY REGISTRAR 1967 25b. 24. FUNERAL DIRECTOR VR A15ME (5) W.W. CLAMBERS 6M 1/67 RIJER DALE, MIL

stanton emply position in the court of the co

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4308 Suitland, Road, Suitland, Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

CERTIFICATE OF DEATH

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o. COUNTY	Georges		MARYLAN	gSTATE .	(Where deceased lived, if institution b. CO	ution: Residence before odmission) UNTY Ince Georges
b. CITY OR TO	OWN (If outside corporate lim	nits,	c. LENGTH OF STAY IN 1		outside corporate limits, write R	URAL ond give neorest town)
Chever	At and give nearest town)		11 days	Seat Ple		16.1
	HOSPITAL OR INSTITUTION (IF	not in hospitol,	give street oddress)	d. STREET ADDRESS	ar a	e. IS RESIDENCE
	Georges Gene			207 Addi	son Rd.	ON A FARM? YES NO
3. NAME OF DECEASED		First	Middle C.	Lost	4. DATE Mo	inth Day Year
(Type or prin		Harry		Naylor		18. 1967
	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. OATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Male	White	WIOOWEO	G.A.	1-21 188		
during most of w	PATION (Give kind of work don orking life, even if refired) Retired		NO OF BUSINESS OR OUSTRY	11. BIRTHPLACE (Coun	ty & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Co	ounty Gov.	Penna.		U. S.
13. FATHER'S NA	Collier N	Vavlor		14. MOTHER'S MAIDER	Katherine	2
10 144						?
	ED EVER IN U.S. ARMED FORCES own) (If yes give wor or dote:		SOCIAL SECURITY NO.	17. INFORMANT		dress
				James W. Nay	lor Same As	# 2
	OF DEATH (Enter only one of DEATH WAS CAUSED BY:	ouse per line for	(o), (b), ond (e).)	00 -		INTERVAL BETWEEN ONSET AND OEATH
I ANI	MMEDIATE CAUS	E (0) Ca	morra	of nocla	le	ODDET AND OCKTIT
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	if any, which gave)	(b) a	linoschor	Oce Carder Ve	renta du	can Vilya
	underlying couse DU	JE TO	1	5		5-111
last.)	(c) / 1	Mone	y cufl	your	10 -10 year
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELATE	O THE TERMINAL DISEASE O	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO? YES NO
OR CONTRIB	NT WAS UNCERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury i	n Port I or Port II of item 18.)	1 — 436
	of INJURY Month, Doy, Yeor ur a.m.	While	Nat While	e. PLACE OF INJURY (Home, fo factory, street, affice bldg., e		(County) (Stote)
21. 1	certify that (1) (*bixxba			im Jan 15	19 45, to Aug. 1	18, 1967, that (I) (30%) la
saw t	ne deceased alive an_	Aug. 1	8, 19 67, and	that death accurred a	at 12:50M, fram causes	s and an the date stated aba
220. SIGNA		Br	anin	M.D. PHYS.	MEO. PM STAFF OIRECTOR PHYS.	22b. OATE SIGNED
22c. PHYSI NAME	CIAN'S (Type) WM	BR	AININ	C) LA C	utul Due Cay	fit Hele her
23o. BURIAL, CRI	MATION, 23b. OATE T	HEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City or 1	Tawn) (Sounty) (State)
Burial	pecify) 8/22	2/67	Cedar Hil	1 Cemetery	Suitland P	rince Georges M.
24. FUNERAL D	RECTOR Robert E.			2So. RE		rince Georges, Me
	itland. Road			nd OATE A	UG 2 1 1967	Icharles Judge
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Prince Courses smenal" she? Prince Scoreou Comera Phospital 207 Addless Pd. ,S_ Nyshi May Lar- Calle L. Tallyny Revised County Law, Search. Brown W. Maylor Same An # 2 luvi i 8/12/67 Cudnr Hill Gesetery, Cuitland, Erince Neuros, M., Association, Room, Stations, Maryland Chicago Survival Company

alamus salet Webder Harviand State Cov. Pashington Di C. Late C. Forthodge Sum As # 2 . DO G MEYO ! THE RESERVE TO SECURITION OF THE PARTY OF TH Bindard - B/25/87 Coder it It Compters | Darking, Prince Decrees int oned leconer missisk wastrade I was a

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11444 11433 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) ely filled in by the bon papers. Pag within 72 haurs o write RURAL and give nearest tawn)
Glenn Dale (Rural) 7% months Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Glenn Dale Hospital 12 Logan Circle, N.W. YES NO TO 3 NAME OF Middle Last DATE Month First Day Year DECEASED Oliver. Moses DEATH (Type or print) August 67 IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH and camp 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED 6/7/01 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) attending physician overmit. Then please **INDUSTRY** COUNTRY? retired unknown S.C. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval, Edward Oliver Mary ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dotes of service) 579-18-2518 decedent no CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH AMMEDIATE CAUSE (a) Carcinoma of the esophagus 5 months DUF TO Conditions, if any, which gave (b) rise ta immediate cause (a), DUF TO stoting the underlying couse d far use as the af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO T C.V.A. with left hemiplegis: hypertension

20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INDURY OCCURRED. (Enter nature of injury in Part I or Part II af item 1B.) O HOSPITAL OR ATTENDING PHYSICIAN: 1
Page 4 may be retained by the haspital ar OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) O FUNERAL DIRECTOR: After this Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 8/9/ 1967, that (% (we) last 21. I certify that (this haspital) attended the deceased fram. 12/16/9.66 , ta 8/9/1967, and that death accurred at 8:00PM, fram causes and an the date stated above. saw the deceased alive an_ 22n SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 8/9/67 PHYS. 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. Glenn Dale, Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 8-14-67 LINCOLN MEMORIAL CEMETERY SUITLAND, MARYLAND 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Tunios Funcial Home 3015-12 sting

Prince Cebraes Glenn Dale (Rurel) - V /A menther . Whankingcom, D. C. 14,44,5153.0 11991 Later and all areas , P 101906 9, 2110 Monage her/3e1 Y YEAR 578-18-2518 knowlenb Carcianan of the enopinguis 3:310. C.F.A. with left death project and entermitted 10 \text{60} \\ \t Gleen Dale Rospins Not Males, M. D. N. Lien Dile hasil CHARLES OF THE PROPERTY OF THE STREET, SHIPPING, SHIPPIN

1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH Items #8, 95 YIJAL RECORDS 1301 W. PRESTON STREET BALTIMORE MARYLAND 232017/67 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ph
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	445
HEALTH DEPT.V	1	PLACE OF DEATH o. COUNTY Prince George's ARRYLAND PLACE OF DEATH o. COUNTY Maryland Prince George's MARYLAND ARRYLAND Prince George's	
t any delay is 1, 2, and 3 ta m PM3. Page Department of	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and g write RURAL and give neorest tawn) Cheverly DOA C. CITY OR TOWN (If outside corporate limits, write RURAL and g Hillside	ive nearest tawn)
Dep n		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Prince George General Hospital 5703 L St.	e IS RESIDENCE ON A FARM? YES NO XC
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rs after de 18. Gíve l e along w 2 with the		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months Months	R 1 YEAR IF UNDER 24 HRS.
24 haurs at in Item 18. r's Office ald es 1 and 2 wi	10c dur	to USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12.	COUNTRY? U.S.A.
within 24 pencil in caminer's le pages haurs aft		James O'Neil Ethel Adams	
executed wanding" in particular in permit. Fill within 72 h	1S. {Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (res, no, or unknown) (If yes give wor or doles of service) 16. SOCIAL SECURITY NO. 054-03-8871 Joan E. O'Neil Same as	Item #2
ld be e rd 'per Chief I transit		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary artery occlusion DUE TO Arteriosclerotic heart disease	INTERVAL BETWEEN ONSET AND DEATH minutes unknown
fficate shau ting the wo rded ta the as a burial- and in any		Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost. (b) DUE TO (c)	
his certirate, write farwar be used emoval,	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
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AL EXAMINER: xecute the cert Page 4 shaulc Page 3 shau R: Page 3 shau al, crematian, a	MEDICAL	p.m. 17 atwork 1 otwork 1	County) (State)
ase exected as exected. Positive far in the		21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection x, Inquiry x death resulted from: Noteral couses x, Addent , Suicide , Hamicide , Undetermined monner (CHIEF MEDICAL EXAMINER)	, ,
TO DEPUTY MEDICA necessary, please extended director. S may be retained to FUNERAL DIRECTOR. Health prior to burity.		SIGNATURE EXAMÍNER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. DEPUTY MEDICAL EXAMINER Address (Street, cily, town, or county)	8-9-67
TO DE neces the f 5 mc	230	30. BURIAL, CREMATION REMOVA (Specify) 8-12-67 nal-mem-Pk-Cem- Falls Church,	(County) (Stote)
VR A15ME (5)	2	24. FUNERAL DIRECTOR SOUS STUDIAN ADDRESS 250. RECIPIED BY REGISTRAP 967 256. REGISTRAPS	Stenature mage

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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hours by the s. Page haurs	_		give nearest town)		6yrs.10	mos.	V	ille		16. I
in 24 ho filled in papers. hin 72 ho			AL OR INSTITUTION (If no	, ,	ve street oddress)		d. STREET ADDRESS	- D3		e. IS RESIDENCE ON A FARM?
filled pape thin 72			Nursing		A4: 1 (f)		6403 Age		.1	YES NO X
id with iteraly to carban fint, with		NAME OF DECEASED (Type or print)	Ronn		Middle	01	ttolina	4. DATE MOF DEATH Augus	t 13,	Year 19 67
eve eve	S.	SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	12.23	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Day	
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ifica ple	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME		
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attending permit. The			R IN U.S. ARMED FORCES? (If yes give war ar dates o	16. S	OCIAL SECURITY NO.		NFORMANT		Idress	11 01 /
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intending be as to as to be as to as	N		GNIFICANT CONDITIONS C		D DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
中 章 a a a a a a a a a a a a a a a a a a	CATION									YES NO 🔀
SICIAN Spiral ertifica ed far of He	CERTIFI	OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter nature af injury in	Part I ar Part II af item 18.)		
DING PHYSIC by the haspi offer this cert be detached State Dept. o	MEDICAL	20c. TIME OF INJU Hour a.n p.n	IRY Manth, Day, Year n. 19	While at wark		foct	CE OF INJURY (Hame, farm ory, street, office bldg., etc.)			(State)
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OR ATTE be retaine DIRECTOR: ge 3 shaul led with th		22a. SIGNATURE	Z	135	now	M.C		MED. STAFF DIRECTOR PHYS.	226. DATE SI	
ral or		22c. PHYSICIAN'S NAME (Type)	L.B.	SNOU	J MI)	MIL	224 ABDDECC	TTSVICE	EM	12/
VERALI VOL, POLICION, POLI									/	
TO HOSPITAL Page 4 may TO FUNERAL Director, pag Shauld be file	230	REMOVAL (Specify	1 10 16	}	23c. NAME OF CEME		1 1 -	23d. LOCATION (City or	Town) (Cou	nty) (State)
5-5	24	FUNERAL DIRECTO	R (luges)	16/1460	ADDRESS	NCO		D BY REGISTRAR 25b.	REGISTRAR'S SIGNA	TURI
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11442 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11447 FOR STATE HEALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE h COUNTY 2, ond 3 ta PM3. Page Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) the State Department c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Cheverly 50 min. Suitland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE farm ON A FARM? pencil in Item 18. Give Pages 1, Prince George General Hospital YES NO X 4404 Porter Avenue This certificate should be executed within 24 haurs after death. Office alang with 3. NAME OF Middle 4. DATE Lost Month First Dov Year DECEASED James Svlvester Pavne Type or print) DEATH IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE IF UNDER 24 HRS NEVER MARRIED B. DATE OF BIRTH (In veors 7. MARRIED lost birthdoy) Doys Months Hours DIVORCED X death WIDOWED Negro 10 Oct. 1917 Male 1.8 Yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country), 12. CITIZEN OF WHAT during most of working life, even if retired)

Ruck-driver 72 haurs after the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit. File 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) event within 65 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Penetrating stab wound of chest writing the word DUE TO any Conditions, if ony, which gove ta. rise to immediate cause (o), 2 DUE TO stoting the underlying couse 0 farwarded puc last removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? certificate, YES X NO 4 should be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 shauld ar DICAL EXAMINER: CAUSE OF DEATH Stabbed during altercation. crematian, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (County) please execute the 20d. INJURY OCCURRED (State) Hour o.m. Not While foctory, street, affice bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page While of work of work 8-26- 19 67 Same as 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry x Inspection . ond in my opinion funeral directar. death resulted fram: Natural causes Accident Suicide Hamicide x Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER 8-28-67 **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) John Kehoe, M.D. Riverdale, Md. 23a. BURIAL CREMATION REMOVAL (Specify) 23d LOCATION (City or Town) (County) (State) 50 0 altimare 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) DATE SEP 136 6M 1/67

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Edita Mattern, III. Edwardel, M.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11448 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Prince George's Prince George's Maryland vithin 72 hours after MARYLAND by the for b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RUPAL and give nearest town) 3 days Palmer Park .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Prince George's General Hospital 8209 Sherrill Street NO XX campletely fi 3. NAME OF 4. DATE Year DECEASED Charles (Type ar print) Pennington DEATH August 19 67 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER I YEAR 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS. reprove lost birthdoy) Male White WIDOWED DIVORCED august 15,1913 and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired)

Cab Driver ease JNDUSTRY COUNTRY? Transportation Tennessee USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, attending phys permit. Then p Joseph Pennington Ann IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes give war ar dates af service) Lillan R. Pennington Same As # 2 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) by attending physician. DUE TO signed burial-tr burial, c Conditions, if ony, which gave (b) rise to immediate cause (a), stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Health the haspital ar TO FUNERAL DIRECTOR: After this certificate jo j 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While of work L ot work 21. I certify that (I) (this haspital) attended the deceased from August 16, 1967, to Aug. 19, 1967, that (I) (we) last retained 0 saw the deceased alive an August 19, 1967, and that death occurred ak and M, from causes and on the date stated abave. 22o. SIGNATURE M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) HERNANDEZ, MC

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Tawn)

Washington National Cemetery Suitland, P.G. Maryland

VR A15 (4)

230. BURIAL, CREMATION, BURIAL (Specify)

23b. DATE THEREOF

8/25/67

4308 Suitland Road, Suitland, Maryland

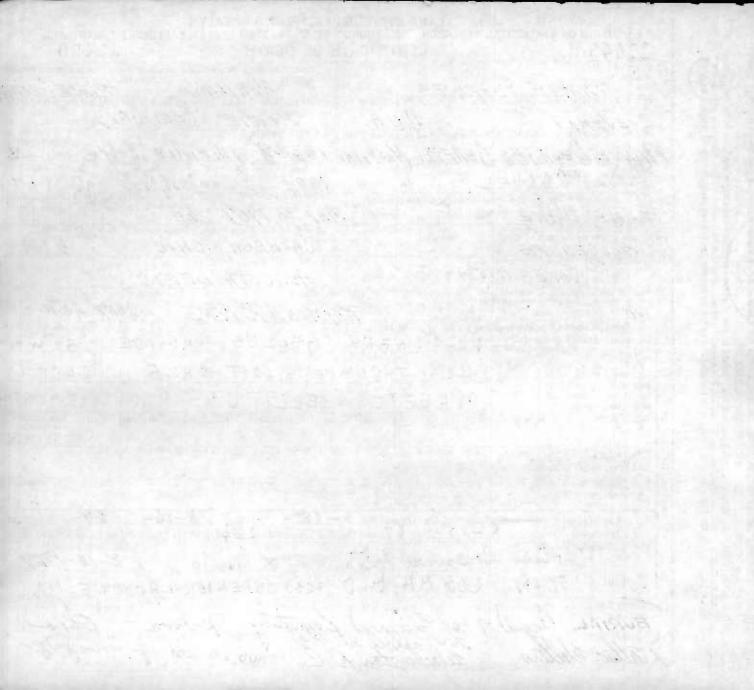
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND L145 CERTIFICATE OF DEATH PLACE OF DEATH PLACE OF DEATH L2 INSIAL DESIDENCE (Where deceased lived 16 Institution: Pacidance Defense)

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	esidence before admission)
	PRINCE GEORGES MARYLAND	a. STATE MARVLANT b. COUNTY-	WEE FERTS
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL	and give nearest town)
	CHEVERIA	BAULIE (BELAIRE)	16-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
7	PRINCE GEORGES GENERAL HOSPITAL	13328 IJLEWILD BRIVE	DN A FARM? YES NO NO
3.	NAME DF DECEASED DA A SI A SI	Last 4. DATE Month	Day Year
_	(Type or print) RACHEL B.	POPE DEATH AUGUS!	16 1967
5.	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
1	EMALE WETTE WIDDWED DIVDRCED	1/AY 30, 170/ 60 yrs.	Days Hours Min.
	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
	HOUSEWIFE	VACKSON, OHIO	0,5.14.
13.	FATHER'S NAME TOOKED A FRANCISCO	14. MDTHER'S MAIDEN NAME	
	VAMES 11. WAIT ION	AUGUSTA WEWIS	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. es, no, og unkown) (If yes give war or dates of service)	INFDRMANT Address	. #
	No Re	SAME SAME	182
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 10-40 NARY	EMBOLUS, MASSIVE	ONSET AND DEATH
	260X DUE TO 244		
	Conditions, if any, which) (b) PHLEBO-THROM	BOSIS, LEFT CALF	6 WEEKS
	gave rise to immediate cause (a), stating the DUE TD	1.5116	in hember
-	underlying cause last. (c) PIABE1E5	MELLITUS	13 MOINTH
TIO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
-ICA			YES ND
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. While Not While factor p.m. 19 at work at work	ry, street, office bldg., etc.)	,
	21. I certify that (i) (this hospital) attended the deceased from 3	-15-, 1967 to 8-16-, 196	Z that (I) (we) last
	saw the deceased alive on $8-15-1967$, and that	death occurred at 2 254M, from the causes and on the	e date stated above.
	22a. SIGNATURE	22b. DA	TE SIGNED
	grand agua Ma M.D.	. PHYS. DIRECTOR PHYS.	16-1967
	22c. PHYSIGIAN'S JOHN COS MA, H. D.	3233 SUPERIOR LA. BOW	E. MD.
236	BURIAL, CREMATION, 23bc DATE THEREOF 23c. NAME DE CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
(BURIAL Clyquet 19-1968 Fair and	Constory Jackson -	Dia.
24	FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	. I and a file.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11446 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Prince Georges a. STATE b. COUNTY MARYLAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Maryland Prince Georges b. CITY OR TOWN (If outside carporote limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ve carbón papers. Pagevent, within 72 hours Cheverly 2 days Greenbelt filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital YES NO X 5902 Cherrywood Terrace 3. NAME OF Middle 4. DATE Doy Year DECEASED (Type or print) 19 67 Donald. H. Potts DEATH August S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Doys Hours WIDOWED | DIVORCED 11/8/39 Male White 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) office supplies []COUNTRY? attending physician sermit. Then please Pennsylvania Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, John Oliver Potts Elizabeth T Thum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 188 30 2219 Patricia F. Potts Greenbelt. Md. 958 to 1960 signed by the after burial-transit perm burial, crematian, a 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY 5 ONSET AND DEATH Viral Hepatitis with liver failure: IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO lower gastro-intestinal hemorrhage Conditions, if ony, which gove rise to immediate couse (a), DUE TO r this certificate has been si detached far use as the b te Dept, af Health priar ta b stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YESXXX NO 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (City or tawn) (Stote) 2Dd. INJURY OCCURRED (County) 2Dc. TIME OF INJURY Month, Day, Year Haur 'o.m. factory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this the soitet) attended the deceased from , ta Aug. 2., 1967, that (1) (see last ro Hospital or Attent Page 4 may be retained 19 67, and that death accurred at 8:15 M, fram causes and an the date stoted obove. saw the deceased alive an Aug. 2. 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR 22c. PHYSICIAN'S Hans Wodak, M. D. Prof. Bldg. Centerway, Greenbelt, Md. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Aug 5, 1967 Hillside cemetery Roslyn Pa 24. FUNERAL DIRECTOR F. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hyattsville, Md. Gasch's Sons VR A15 (4) 25M 1/67 DATEALLG

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2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11443	TE TAL		CERTI	FICATE	OF DEATH			203
1. PLACE OF DEATH				1		Where deceosed lived, if ins		e before odmission)
o. COUNTY	nce George	0.0	MA	RYLAND	o. STATE		COUNTY	Anroac
b. CITY OR TOWN (If o	outside corporate limits	,	c. LENGTH OF STAY	' IN 1b c		itside corporate limits, write	RURAL ond give	neorest town)
write RURAL ond g	ive nearest tawn) verlv		5 days		Accoleo	ole		11 1
d. NAME OF HOSPITAL	OR INSTITUTION (If no	ot in hospital, a	ive street oddress)		Accoke d. STREET ADDRESS	ek		e. IS RESIDENCE
								ON A FARM2
	eorges Gen				Rt 2 B			YES NO-
3. NAME OF DECEASED	Fin	121	Middle		Lost	4. DATE OF	Month	Doy Year
(Type or print)	Theodo		Α		nehart	DEATH AT	0	23 19 67!
S. SEX	. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8. 1	DATE OF BIRTH	9. AGE (In year	s IF UNDER 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
Male	White	WIDOWED	DIVORC	ED Q	Oct. 1900			nois min.
10o. USUAL OCCUPATION (C	Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	8 Stote, or foreign untry)		IZEN OF WHAT
during most of working life Farmer		40.0	DUSTRY		Baltimon		COL	JNTRY?
13. FATHER'S NAME		1 1 0	THI.IIS	1	4. MOTHER'S MAIDEN	NAME	77	USA
John Rhir	ahart			I Sold I	Unknown			
1S. WAS DECEASED EVER I		T 16 9	SOCIAL SECURITY NO.	I 17 IME	ORMANT		ddeass -	
(Yes, no, or unknown) (If	yes give wor or dotes o	f service)					ddress Box	
No				<u>60Mary</u>	B. Rhir	iehart Ac	ccokeel	
	TH (Enter only one cou	se per line for	(o), (b), ond (c).)					INTERVAL BETWEEN
								CALCET AND DEATH
PART I. DEATH	WAS CAUSED BY:	(a) Can	er and Ga	ang rene	of the ri	ght lung.		ONSET AND DEATH
PART I. DEATH	IMMEDIATE CAUSE		cer and Ga	angrene	of the ri	ght lung;		ONSET AND DEATH
1100	IMMEDIATE CAUSE	TO				,	sion	ONSET AND DEATH
Conditions, if ony, w	IMMEDIATE CAUSE DUE chich gove ouse (o),	TO (b) seco				ght lung;	sion	ONSET AND DEATH
Conditions, if ony, we rise to immediate costoting the underly	IMMEDIATE CAUSE DUE chich gove couse (o), ing couse	TO (b) Seco	ondary to	venous		,	sion	ONSET AND DEATH
Conditions, if ony, we rise to immediate a stating the underly lost.	ing couse DUE	(b) seco	ondary to	venous	and arter	cial compress		
Conditions, if ony, we rise to immediate a stating the underly lost. PART II OTHER SIGN	ing couse DUE	(b) seco	ondary to	venous	and arter	,		19. WAS AUTOPSY PERFORMED?
Conditions, if ony, we rise to immediate a stating the underly lost. PART II OTHER SIGN	ing couse DUE	(c) by t	ondary to	venous	and arter	rial compress)	19 WAS AUTOPSY
Conditions, if ony, we rise to immediate a stating the underly lost. PART II OTHER SIGN	IMMEDIATE CAUSE DUE chich gove couse (o), ing couse IFICANT CONDITIONS CO	(c) by t	ondary to	venous	and arter	cial compress)	19. WAS AUTOPSY PERFORMED?
Conditions, if ony, we rise to immediate a storing the underly lost. PART II. OTHER SIGN 200. ACCIDENT WAS U. OR CONTRIBUTING ULF EITHER NOTIFY ME	IMMEDIATE CAUSE DUE chich gove couse (o), ing couse IFICANT CONDITIONS CO NDERLYING CAUSE OF DEATH	(c) by t	ondary to	venous	and arter	rial compress)	19. WAS AUTOPSY PERFORMED?
Conditions, if ony, we rise to immediate a storing the underly lost. PART II. OTHER SIGN 200. ACCIDENT WAS U. OR CONTRIBUTING ULF EITHER NOTIFY ME	IMMEDIATE CAUSE DUE chich gove couse (o), ing couse IFICANT CONDITIONS CO NDERLYING CAUSE OF DEATH DICAL EXAMINER)	(b) SECO TO (c) by t ONTRIBUTING T	ondary to	ven ous ELATED TO THE OCCURRED. (Ent.)	TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
Conditions, if only, we rise to immediate a stating the underly lost. PART II. OTHER SIGN OR CONTRIBUTING (IF EITHER, NOTIFY ME	IMMEDIATE CAUSE DUE chich gove couse (o), ing couse IFICANT CONDITIONS CO NDERLYING CAUSE OF DEATH DICAL EXAMINER) (Month, Doy, Yeor	TO (b) SECO TO (c) by t ONTRIBUTING T 20b. DES	ondary to tumor mass to DEATH BUT NOT R SCRIBE HOW INJURY	ven ous ELATED TO THE OCCURRED. (Ent.)	and arter	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 hours off VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11455 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Prince Georges MARVIAND Maryland Prince Georges b. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Cheverly 2 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince Georges General Hospital 5705 Euclid Street NO C YES 3. NAME OF Middle Mag First 4. DATE Last Month Day Year DECEASED **Gladys** XXXXXX Rilev. 1967 Aug. 7. (Type or print) DEATH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Days Hours 8/31/98 Female. White WIDOWED ** DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Adiutant General Dent Retired Supervisor 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Florence Lewis Austin Kirk Cramer 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT 2000 Dayton Street 10 Mrs. Robert Bennington Silver Spring crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TO far use as the t Health priar to b stating the underlying couse has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ATTENDING PHYSICIAN: The NO J certificate by the haspital or 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) TO FUNERAL DIRECTOR: After this Hour o.m. factory, street, office bldg., etc.) Not While at wark at wark 19 00 to Aug. 7. 1967, that (1) (30%) lost be retained 19 67, and that deoth occurred of 11:30%, from causes and on the date stoted above. saw the deceased olive on Aug. 7 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Aaron Deitz. M. Prince Georges Plaza, Hyattsville, 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) Cedar Hill Cemetery Aug 10 Suitland 25a. REC'D BY REGISTRAR Inc. Pumphrey.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 18 11456 CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE 0 P.M.3. Page Maryland Prince George's MARYLAND Prince George's delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo DOA College Park Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? should be farworded to the Chief Medical Examiner's Office olong with farm Gilford Road in Item 18. Give Pages Prince George General Hospital 1.709 NO Stot 24 hours ofter death. 3. NAME OF 4. DATE Middle Lost Month Dov Year DECEASED (Type or print) Dorothy Robertson DEATH 19 67 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours hours ofter death. WIDOWED DIVORCED 13 Oct. 1909 White Female 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, evan if retired) OWIL DOME IT COUNTRY ? Washington D. C. 14. MOTHER'S MAIDEN NAME be executed within pencil 13. FATHER'S NAME Mary C Power Walter F. Lamore = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address within 72 (Yes, no, or unknown) (If yes give wor or dotes of service) College Park, 979 03 9488 Archibald L Robertson Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH event PART I. DEATH WAS CAUSED BY Undetermined IMMEDIATE CAUSE (o) writing the word This certificate should DUE TO any Conditions, if ony, which gove rise to immediate couse (a), ⊑ DUE TO stoting the underlying couse pup OS be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) remaval CERTIFICATION pleose execute the certificate, YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should 0 PRIMARY CONTRIBUTING C MEDICAL EXAMINER: CAUSE OF DEATH cremation, 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Your While Not While FUNERAL DIRECTOR: Page ot work of work 21. I certify that I took charge of the remains describe habove, held on Autopsy 🔀, Inspection 🔀, Inquiry 🛣, ond in my opinion O FUNERAL DIRECTOR: Health prior to buriol, Notural causes Suicide . Homicide Undetermined monner death resulted from: Acciden be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 8-22-67 John Kehoe, M.D. Riverdale, Md. may NAME (Type) Address (Street, city, town, or county) the 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Colmar Manor Pro Geo BREMOVAL (Specify) Ft. Lincoln Cemetery Aug 24, 1967 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15ME (5) Hyattsville, Md. F. Gasch's Sons 1967

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1	MARYLAND STATE DEPARTMENT OF HEALTH 11452 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
burial, cremation, or removal, and in any event, within 72 hours after death burial, cremation, or removal, and in any event, within 72 hours after death	1. PLACE OF DEATH a. COUNTY b. COUNTY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) b. COUNTY c. STATE ARRYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
90	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) On A FARM? PINE VIEW GARDENS HEALTH CARE CENTER 4 60 DOUGLAR ST. N. W. YES NO F. 3. NAME OF STIST Middle Last 4. DATE Manth Day Year
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	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT The Lmn Jones 4460 Duglus 51 U.W.
Z	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. OUE TO Conditions of any, which gave rise to immediate cause (a), stating the underlying cause lost. OUE TO Conditions of any, which gave rise to immediate cause (a), stating the underlying cause lost.
L	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
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	21. I certify that (I) (this hospital) attended the deceased fram June 26, 1967, to due 26, 1967 that (I) (we) last saw the deceased alive an array 1967, and that death accurred at 335/M, from duses and an the date stoted obave.
1	22c. PHYSICIAN'S NAME (Type) H. J. HADGEY MD 22d. ADDRESS helps are Sur and
should be filed with the	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. MANE OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) County) (State)
	Torre Of Son 25/8 by St. 250. Rec 0 BY Registrary 300. Reconstrary 310 registrary

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e carbon papers. Pages 1 and 2 sets, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached for use as the burial-transit permit. Then please remarkaned be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any

VR A15 (4) 25M 1/67

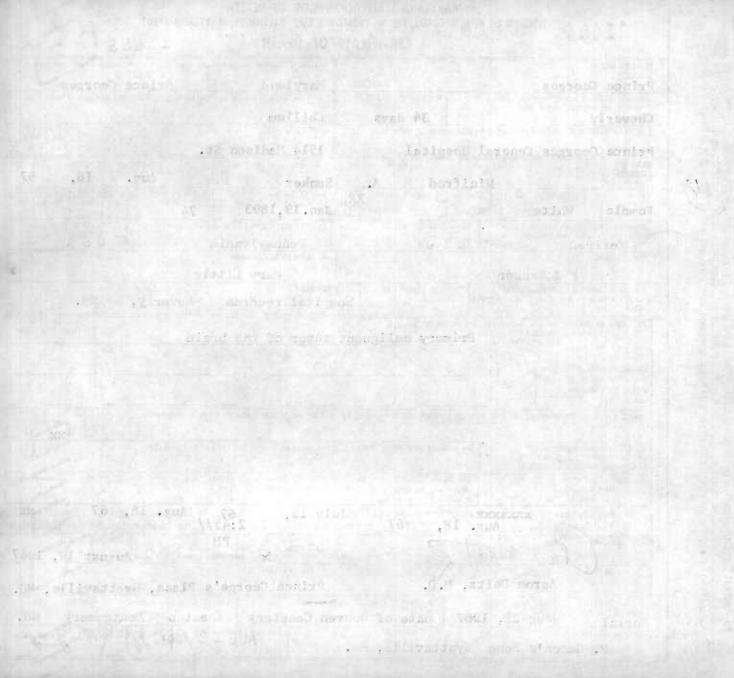
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	write RURAL one	d give neorest town)	5,			TY OR TOWN (If ou	itside corporote	e limits, write KU	KAL ond give	neorest tov	vn)
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	d. NAME OF HOSPII	AL OR INSTITUTION (If n	ot in hospitol,	give street oddress)	d. S	TREET ADDRESS				10	RESIDENCE I A FARM?
L	Prince Ge	eorges Gene	ral Ho	spital	1	514 Madis	on St.			YES	□ NO 🔀
3.	NAME OF DECEASED (Type or print)	Fi	rst Winif	Middle A.	Sa	lost nker	4. DATE OF DEATH	Mon Au		Dογ 18,	Year 19 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		E OF BIRTH	9.	AGE (In years			INDER 24 HRS.
	Female	White	WIDOWED	DIVORCED 1		n. 19,1893	3	74 yrs.	Months	Doys Ho	ours Min.
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13	3. FATHER'S NAME				14.	MOTHER'S MAIDEN I	NAME				
		F J Sanker				Mary	Little	9			
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	220. SIGNATURE	Jain &	leit	7	M.D. P	HYS. DEPARTMENT	MED. DIRECTOR	STAFF PHYS.	Augus	te Signed	1967
	22c. PHYSICIAN'S NAME (Type)	Aaron D	eitz,	м.р.		rince Geo	rge's	Plaza.	Hyatts	ville	. Md.
23	o. BURIAL, CREMATIC		EREOF	23c. NAME OF CEMETE			23d. LOC	ATION (City or To	wn)	(County)	(Stote)
	REMOVAL (Specify Burial	Aug 22	, 1967	Gate of H	eaven	Cemetery	Whea	aton 1	lontgo	mery	Md.
2	4. FUNERAL DIRECTO		_= _[ADDRESS		2So. REGI	BY-REGISTRA	R 19575b. RI			udala
	TP.	Gaechte Son	ne Hya	ttsville. M	d.	DATE A	00 2 2	1001	1	1	69



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11455 CERTIFICATE OF DEATH 11460 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY ce Georges o. COUNTY Maryland Prince Prince Georges MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) hin 72 haurs o Belair in by Belair d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 12421 Shawmont Lane 12421 Shawmont Lane YES NO X NAME OF Middle 4. DATE pan First Month W Last Day Year DECEASED SCHULTZ VIOLET MILSTEAD 19 67 August 21_ Car (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED TO **NEVER MARRIED** birthdoy) Months Hours female white 11-7-1910 WIDOWED DIVORCED guq IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Housewife U COUNTRY? INDUSTRY and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, Martha E. Thompson Thomas Milstead See Item 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Jacqueline Federici/ No. 2 10 burial, crematian, CAUSE OF DEATH (Enter only one couse per line for (a); (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I, DEATH WAS CAUSED BY: ONSEL AND DEAL our leas IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPS)
PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ed far use a NO YES After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 2De. PLACE OF INJURY (Home, form, (City or town) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased fram. , that (W (we) last saw the deceased alive an and that death accurred at M, fram causes and an the date stated above 22o. SIGNATURE ATTENDING DIRECTOR filed M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S FUNERAL Arnold Brody NAME (Type) director, shauld b 23o. BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Spencerville 8-24-1967 pencerville Methodist 9 Church Cemetery 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) Joseph Gawler's Sons. Washington.D.C DATE AUG 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11456 五丁录记录 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Md. Prince George 0 Prince George b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Same as #2 Box 14 E Contee Rd. ate in Item 18. Give Pages NO X be executed within 24 hours after death. 3. NAME OF 4. DATE Last Month Year DECEASED Shipe 8 (Type or print) Charles Warren 19 67 DEATH word "pending" in pencil in Item 18. Give the Chief Medical Examiner's Office alang IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months in any event within 72 haurs after death WIDOWED DIVORCED April 1923 pages land2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN ILS. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: burial-transit Gunshot wound of head IMMEDIATE CAUSE (o). This certificate should writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (o), shauld be farwarded ta DUE TO stoting the underlying couse 0 pup gp removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate, NO to 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 3 should crematian, or Shot self in head with .38 cal automatic pistol. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page 8:00 pm. 8-11--67 Bedroom of home ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , ond in my opinion death resulted from: Natural causes Acciden Homicide Undetermined monner 5 may TO FUNERAL. Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral (TO DEPUTY DEPUTY MEDICAL EXAMINER 8-13-67 **EXAMINER'S** Kehoe, M.D., Riverdale NAME (Type) Address (Street, city, town, or county) the BURIAL CREMATION VR ATSME (5

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11460 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11465 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY o STATE b COUNTY af Prince George's MARYLAND Maryland Prince George!s
c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) delay i b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DE STAY IN 1b. PM3. P DOA Hyattsville d. STREET ADDRESS Cheverly d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? farm YES NO X in Item 18. Give Pages Prince George General Hospital 5615 Hamilton Manor This certificate shauld be executed within 24 haurs after death. with 3. NAME OF Middle Lost 4. DATE Month Year DECEASED 8 James Smith 67 (Type or print) Elmer DEATH Office alang IE UNDER 1 YEAR S. SEX 6. CDIDR DR RACE 7. MARRIED TO 8. DATE DE BIRTH AGE (In years NEVER MARRIED lost birthdoy) Hours death. DIVORCED WIDOWED 17 Aug. 1904 Male White 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL DCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) Clothing store haurs after in pencil in I Examiner's (Baltimore, Md. permit. File pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lena Frances Clayton Samuel Smith 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address event within 72 ie certificate, writing the ward "pending" i shauld be farwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) 577 05 5471 Mary Smith Hyattsville, Md. no INTERVAL BETWEEN
ONSET AND DEATH
minutes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure writing the ward Arteriosclerotic heart disease Unknown any Conditions, if ony, which gove rise to immediate couse (a), .⊑ DUE TO stating the underlying couse 0 pe nsed 19. WAS AUTOPSY PEREDRMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or remaval, CERTIFICATION NO X please execute the certificate, Rheumatoid arthritis - over 10 years. 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While retained far your birector: DIRECTOR: Page 3 Hour o.m. foctory, street, office bldg., etc.) While of work 21. I certify that I tack charge of the remains described above, held an Autapsy , Inspection , Inquiry 30 and in my opinian Accident . Suicide . Hamicide Undetermined manner death resulted fram: Natural causes funeral directar. be retained CHIEF MEDICAL EXAMINER prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUN. John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Colmar Manor Pro Geo Md. Ft. Lincoln Cemetery Aug 4, 1967 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTOR Marles VR A15ME Hyattsville, Md. F. Gasch's Sons

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MARYLAND STATE DEPARTMENT OF HEALTH

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2Sb. REGISTRAR'S SIGNATURE

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24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11463 11467 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY delay is and 3 to o. STATE Page Prince George MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b and write RURAL and give pearest town Cheverly Baltimore DOA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, writing the ward "pending" in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with farm Prince George Hospital Parktowne Rd. YES NO DE 3. NAME OF Middle Year DECEASED Wilbiam Gwinn Smith 19 67 (Type or print) DEATH S. SEX 9. AGE (In years IE UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED & 8. DATE OF BIRTH IE UNDER 24 HRS birthdoy) Hours WIDOWED DIVORCED any event within 72 hours after death Oct., 1948 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) COUNTRY INDUSTRY Louisville Kentucky Bendix Radio Employee

13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certificate shauld be executed within Erma B. Gwinn Roy M. Smith

15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Same Mr. Roy M. Smith CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Laceration of brain IMMEDIATE CAUSE (o) .. DHF TO Conditions, if ony, which gove Minutes Trauma-auto accident rise to immediate couse (o), DUF TO stoting the underlying couse 19. WAS AUTOPSY PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO To 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld CAUSE OF DEATH. Driver of car involved in collision crematian, MEDICAL 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) foctory, street, office bldg., etc.)
Cedarville Rd... Not While While of work Brandywine, P.G. 11:00 pm 8-12-67 ot work Md. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection x, Inquiry x ond in my opinion death resulted from: Natural auses Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be refe TO FUNERAL DI Heafth prior t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 8-13-67 **EXAMINER'S** John Kehoe, M.D., Riverdale Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMA Hinton, West Virginia Restwood Memorial Buria 8/ 18/67 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67 Leonard J. Ruck Inc. 5305 Harford Rd. 21214

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10	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
	£ 50£	11465 Them #8 Film #G30 CERTIFICATE OF DEATH	
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	te he	MULCE GEORGES MARYLAND 8. STATE MARYLAND B. COUNTY	Steer 9E
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give mearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and	d give nearest town
	hours did in by	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC
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	and comremove company and even	5. SEX 6. COLOBYOR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 1876 9. AGE (In years IFUNDER 1 YI Months Da. WIDOWED OIVORCED 28 - 1877 90 yrs.	ys Hours Min.
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	certificate nding phys Then ple removal, a	13. FATHER'S NAME Thomas mc Cutcheon 14. Mother's Maiden Name Mc Sterman	111/
	eath certific attending I ermit. Then nn, or remov	15. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. op/unkown) (If yes give war or dates of service)	1/1
	the attentit permit.	NO Muss Kuth & Inyder (same as	72)
	at the dealian. d by the arransit perr		NTERVAL BETWEEN ONSET AND DEATH
	ires that the physician. n signed by burial-transi burial, crem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis, generalized	unaer.
	ires t phys n sign buria buria	Cenditions, If any, which (b)	
	law requires that the trending physician. has been signed by the sathe burial-transit prior to burial, crema	gave rise to Immediate cause (a), stating the DUE TO	
	aw tten has as as prid	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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	記す言むこ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Renal calculus with chronic Pyelohephritis 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	e ac ac		(State)
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4) (State)
	Aft d b	21. I certify that (1) (this hospital) attended the deceased from Jah 9, 1964, to Aug 10, 1967	, that (i) (we) las
	ATTEN etaine CTOR: Shoul ith the	saw the deceased alive on \$1 \$ 1967, and that death occurred at 2 M, from the causes and on the	
	DIRECT See 3 see will	M.o. ATTENOING MEO. OIRECTOR STAFF 8/10	0/67
	SPITAL 4 may ERAL I Cor, pag d be fill	22c. PHYSICIAN'S NAME (Type) / 22d. ADDRESS	1
	FO HOSPITAL OR ATTEN Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 shoul should be filed with the	23a. BURIAL CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION 1 23d. LOCATION (City, town or county	y) (State)
	Pag Biggs	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count) PEMOVAL (Specify) Aug. 14.1967 Cedar Hul Cemiling Swittand	me
	B	24. FUNERAY DIRECTOR ALL 25H CARBOLL ST. M.W. 252 REGISTRAR 25b. REGISTRAR'S ST. M.W. ALIG 1 4 1967 ICHIONE	IGNATURE PURCE
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	MARYLAND STATE DEPARTMENT OF HEALTH	
4 1/1/	11467 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR CTITE	11467 Item #9 Film #G392 9/5/67 ph MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11471	
FOR STATE	stem # 3 34 flow 15-401 6/1/68 00	
HEALTH DEPT	1. PLACE OF DEATH O. COUNTY 2. USOAL RESIDENCE (Where deceosed lived, if institution: Residence beto STATE O. STATE	fore odmission)
ay is Poge ent of	o. COUNTY Prince George MARYLAND O. STATE Md. Montgomery	
delay is ond 3 to M3. Page tment of	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negr	rest town)
y delc 2, and PM3. F	write RURAL and give nearest town) Cheverly DOA Takoma Park	15,2
2, 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS	e. IS RESIDENCE
MINER: This certificate should be executed within 24 hours ofter death. If uny delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Por files. The standard be used as a burial-transit permit. File pages land with the State Department action, or removal, and in any event within 72 hours after death.	Prince George General Hospital 302 Patterson Court	ON A FARM? YES NO 🔀
ath se the second	3. NAME OF First Middle Lost 4. DATE Month D	oy Year
Give P	OF (Type or print) Philip ' Michael Stevens DEATH 8 9	27 19 67
Giv Giv	S SEX A GOLOR OR PACE T MARPIED TO NEVER MARPIED TO 8 DATE OF BIRTH 9 AGE (In years 1 FUNDER) YEAR	R IF UNDER 24 HRS.
0 80	M White WIDOWED DIVORCED 27 Feb. 1942 2526/yrs. Months Doys	s Hours Min.
hours tem 1 Office ond 2	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN	OF WHAT
24 hin Iteria of	during most of working life, even if retired) INDUSTRY COUNTRY	Y ?
thin 24 ncil in niner's poges urs aft	13. FATHER'S NAME 0 14. MOTHER'S MAIDEN NAME	
within 24 h in pencil in It. Exominer's O File poges 1c	CARROLL G. STEVENS VERONICA HACKETT	
d w Exe Exe 72 h	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
executed within 24 hours ofter death. Inding" in pencil in Item 18. Give Page Medicol Exominer's Office olong with f permit. File pages lond2 with the Stot within 72 hours after death.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) (1960-1965) 16. SOCIAL SECURITY NO. 17. INFORMANT Carrell G. Stevens - 430 Orways	Lance
e execut pending" of Medicc sit permi	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	NTERVAL BETWEEN
should be e ne word "per o the Chief I burial-tronsit	PART I. DEATH WAS CAUSED BY: Laceration of brain	ONSET AND DEATH Minutes
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the same the same the same in in	inse to immediate couse (o), stoting the underlying couse DUE TO	
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certii vwrit orwar used oval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED?
This certii icate, writ be forwar 1 be used removal,	200. EXTERNAL CAUSE WAS PRIMARY Mor CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) PRIMARY Mor CONTRIBUTING Party of a prescribed collided with bridge realism.	YES NO
MINER: This the certificate, 4 should be found illes. If illes, a should be u eashound or remonation, or remona	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.)	
EXAMINER: 1 ute the certific age 4 should by your files. Poge 3 should cremation, or r	PRIMARY Dr CONTRIBUTING D CAUSE OF DEATH. Basiver of car which collided with bridge railin	Ø
EXAMINER: cute the certifage 4 should age 4 should ryour files. Poge 3 should cremation, on	20c TIME OF INITIRY Month Day Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County)	(Stote)
XAM Interthyour Your Poge 4	Hour o.m. 3:00 amm 8-27 1967 while of work of twork of work of work of twork of work of twork of two twork of two	Md.
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rtto Se e bur ECC	deon resolved from: Nototol couses Accident Ball Solicide , Hornicide , Offderermined motifier	
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O DEPUTY MEUTAL EXAM necessary, please execute the funerol director. Page 45 moy be retoined for your 5 FUNERAL DIRECTOR: Page Health prior to buriol, crema	EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdale Address (Street, city, town, or county)	8-27067
ro DEPU necessa the fund 5 moy 1 0 FUNEI	230 BURIAL, CREMATION, 236. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cour	(Stote)
5 4 4 5 H	230 BURIAL, CREMATION, REMOTION, REMOTION, 1236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (Cour Burial, Cremation) (Cour Burial, Cremation) (Cour	med.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11468 11472 CERTIFICATE OF DEATH PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland Prince George's Prince George's MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL ond give nearest tawn)

Cheverly c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Lanham 3 days d. STREET ADDRESS 0111ng d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

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deat	1	PLACE OF DEATH o. COUNTY			- 1		deceosed lived, if institution: Reside	nce before odmission)
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ded 75		Prince	e George's Gen	eral Hospi	ital		WINK Drive	YES NO P
E TEN	3.	NAME OF DECEASED	First		iddle		DATE Month	Doy Year
a a		(Type or print)	Stewa	art B	ryan	Stinson, Jr.	OF DEATH August 9	19 67
e de	S.	SEX		ARRIED NEVER	MARRIED	8. DATE OF 8IRTH	9. AGE (In years IF UNDER lost birthdoy) Months	Doys Hours Min.
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and in an	10c	o. USUAL OCCUPATION ring most of working	(Give kind of work done	10b. KIND OF 8USINE	SS OR	11. BIRTHPLACE (County & Stot		ITIZEN OF WHAT
gu			hanic & Dra	ftman Au	to Pak	Richmond,		OUNTRY?
val,	13.					14. MOTHER'S MAIDEN NAME		
burial, crematian, or remaval,	10		Bryan Stin		TV 110 F 1 17		th Williams,	
. Le	(3	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of servi-	16. SOCIAL SECURI	19911	INFORMANT	Address 55	23 55th Pl
an, c		No	None	1277361		rs. Jane Kay	Stinson Ri	verdale, Md.
nsit permit. Ihen please matian, or remaval, and i		18. CAUSE OF DI PART I, DEA	EATH (Enter only one cause per TH WAS CAUSED 8Y:	The for (o), (b), ond	(c).)	oname Amtone	ith Acute mreen	INTERVAL BETWEEN OUSET AND DEATH
ourial, crema		4201		Inrombosis	s of Cor	onary Artery w	ith Acute myocar	diai
9,0	-	Conditions if any	which gave >	infrac	tion.			
buri		rise to immediat	e couse (o),					
priar ta		stoting the unde	riying couse					
		PART II. OTHER SI		UTING TO DEATH 8UT	NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY
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000			fy that (I) (this hospital)			8/6 , 19 6	7, to 8/9 , 19	67, that (I) (we) last
			eceased alive an 8/	9 19	67 , and the	t death accurred at 6:	50M from causes and on t	he date stoted obove.
		220. SIGNATURE	7N-	2 0		ATTENDING MED.	STAFF 22b. C	DATE SIGNED
			Nouve	with son	M.	D. PHYS. L. DIREC		8/9/67
		22c. PHYSICIAN'S NAME (Type	T.cl	HERNA	UNIS MI	22d. ADDRESS	George's Gen. Ho	s Pital
0	-							1
חמה	230	8 URIAL, CREMATIC REMOVAL (Specify Bur 1a 1	1		OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
shauld be tiled with the State Dept. at Health	2	Burial FUNERAL DIRECTO		967 F.C.	Lincol ₁	Cemetery	Bladensburg	MA IIRE
. Ou	1	W. W.	CHAMBERS CO			Md. DATE AUG		was Judge
20	1				,	I DAIL AUG	//	// //

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funera at PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY es 1 after CEUREES PRINCE MARYLAND PRINCE MARYI AND GEOREES b. CITY DR TDWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) age write RURAL and give nearest town) à hours TAKOMA TAKOMA PARK = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE pa 24 DN A FARM? 445 ETHAN ALLEN NO X YES within ely 3. NAME DE First Middle DATE Day Last Month Year DECEASED STRITE FRANCES AUGUST (Type or print) DEATH 19 67 executed 6. COLDR OR RACE 5. SEX remove 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5 last birthday) Months and WIDOWED DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done | = 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) INDUSTRY COUNTRY USA YOUSE WIFE 4ACERSTOWN death certificate 7 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova ULLRICH BRENNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) (If yes give war or dates of service) DAUGHTER cremation, the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN al-transit ONSET AND DEATH P PART I. DEATH WAS CAUSED BY: attending physician. CEREBRAL ARTER IMMEDIATE CAUSE (a) UNDET signed burial-tr burial, DUE TO Cenditions, If any, which GENERALIZED ARTERIOSCLEROSIS gave rise to immediate 유유 DUE TO cause (a), stating the prior underlying cause last, as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY use for use Health ficate PERFORMED? YES NO D PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) certi t. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work p.m. at work Ф 21. I certify that (I) (this hospital) attended the deceased from YUNE DIRECTOR: 00 saw the deceased alive on_ 1967, and that death occurred at 2007 on the causes and on the date stated above. 3 sho 22a. SIGNAFORE 22b. DATE SIGNED ATTENDING PHYS. acount STAFF PHYS. M.D. DIRECTOR may pa O HOSPITAL ADDRESS FUNERAL 22c. PHYSICIAN'S 22d. director, p NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify) 23c. LOCATION (City, town or county) (State) 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 256. Charles DATEA VR A15 (4) 20M 1/65

833963 8508688 MARYLAND MONUE GEORGES TAKONA PARK TAKOMA PARK 415 ETHAN PLLEN STRITE AUGUST 19 67 PRANCES JOHE 6, 1874 93 FEMBLE WHITE X HAREKSTONIN NO OSA. ADVIE WIFE MARY BRENNER (SANE) YOHN ULLRICH 579-03-264 BAUGHTER - HUS STROTE CEREBRAL ARTERY THEOMODSIS ONDER じきいにはのわけんさつ みにてにんけいちしんにんじいろん 871911967 LANKENCE A. FRINEE 1932 EYE ST NIN WHEH, OC

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11470 11474 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the funerol ages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY PRINCE GEORGES

b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) worterely filled in by the fur ve carbon popers. Pages 1 event, within 72 hours after MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON ANDREWS AFB Mos 9 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1714 Otis St, NE NO 1 USAF HOSPITAL ANDREWS YES NAME OF Middle remove corbon Lost 4. DATE Month Doy Year DECEASED (Type or print) LIGHTFORD SWARM DEATH 196 7 AUGUST 22 LYEAR SEX 6. COLOR OR RACE IF UNDER IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs Hours and in any DIVORCED 16 June 1943 NEGROE MALE 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
USAF physician o COUNTRY? INDUSTRY Plainfield, Indiana 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, CHARCHEL L. SWARN NANCY V. MITCHEM 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address YES 309-44-2620 WIFE SAME AS #2 cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY CARDÍAC ARREST ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or ottending physician. DUE TO UREMIC MYOCARDOPATHY Conditions, if ony, which gove rise to immediate couse (o). DUF TO stating the underlying couse as the hos been CHRONIC GLOMERULONEPHRITIS last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) of Heolth p CERTIFICATION NO YES . certificate 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched 1 State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (t) (this haspital) attended the deceased fram 13 May 1967, to 22 Aug 1967, that (t) (we) last saw the deceased alive on 22 Aug 1967, and that death accurred at 9:40M, fram causes and an the date stated above. O HOSPITAL OR ATTEND Poge 4 moy be retained director, page 3 should should be filed with the 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 22 Aug 67 M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS USAF Hospital Andrews NAME (Type) JOHN LINDEMAN. CAPT USAF Andrews AFB Wash DC 20331 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
urial Rem Plainsfield, Indiana Maple Grove Cem. 24. FUNERAL DIRECTER alls Churk Funera Portsome Church, Virginia 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) ircharles DATE AUG 25 1967 Falls

2 Per a service and all an another and a service and a ser THE DEAD OF THE PARTY OF THE PA TOP THE SEAR STATE SAME AS AS Ve aga to we the continue of the state of th Finance Library Committee Usar MC Andrews AFE sain DO 70 333 mental and states some states and omot Intoun' Bronds aline

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11475 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Prince Georges o. STATE b. COUNTY Maryland MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) and in any event, within 72 haurs within 24 haurs Yrs Mt Rainier filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4402 32nd Street 32nd Street 4402 YES SO 3. NAME OF Middle 4. DATE remave carban First Lost Month Doy Year physician and campletely DECEASED Tarafas Mary 30 1967 August (Type or print) DEATH requires that the death certificate be executed SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Days Hours White Famala WIDOWED DIVORCED 29 1920 June 10d. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) Then please fing most of working life, even if retired) INDUSTRY COUNTRY? Pennsylvania Jone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Jeseph McNulty Anne Brett 17. INFORMANT In shand IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 4402 Address Street permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 203-09-7113 John Tarafas Mt Rainier. INTERVAL BETWEEN ONDET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased from Curry 111, 1967, to Curr G. 1967, that (1) (we) last Min 30 1967, and that death occurred at 520 M, fram (causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. MAYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) (9 - 2 - 1967)Lawrence Church Com Catasaugua. 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Nalley Funeral Rainier, Md. DATE SEP Home 1967 of Charles 20 M 1/66

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		CERTITI	CAIL	OI DEATH					
1. PLACE				2. USUAL RESIDENCE (V	Vhere deceased liv	ed, if institution:	Residence befo	re odmissir	an)/
o. COU	Prince Georges	MARYLA	IND	o. STATE		b. COUNTY			1
b CITY	OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		D.C		favort to	
writ	e RURAL and give negrest town)	Part of the Part of the					and give neare	si idwii)	
	Cheverly	4 days		Washing	ton, D.C		473		
d. NAM	E OF HOSPITAL OR INSTITUTION (If nat in ho	aspital, give street address)		d. STREET ADDRESS				e. IS RESID	DENCE ARM2
	Prince Georges G			2800 0	St. S.E.				NO 🗌
3. NAME DECEAS	ED		ayl		4. DATE OF	Manth	Da		
(Түре о	- L Little		Tay		DEATH	Aug.	14	19	67
S. SEX	6. COLOR OR RACE 7. MJ	ARRIED NEVER MARRIED	8.	DATE OF BIRTH			Onths Doys	IF UNDER Hours	R 24 HRS. Min.
Fema	le White WIE	DOWED DIVORCED		3 May 1899		Yrs.	Jojs	110013	19161.
10a. USUAL	OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County		country)	12. CITIZEN O		
Ret.i	red Government	Auditing		West Vi	rginia		U.S.	1	
13. FATHE		and the transfer of the transf		14. MOTHER'S MAIDEN N			0.00.2		
Ψh	omas E. Carson			Sarah A	nn Mil	es			
15. WASD	ECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. IN	FORMANT	THE PARTY	Address		0	
(Yes, no, a	ECEASED EVER IN U.S. ARMED FORCES? unknown) (If yes give wor or dotes of service)	(e)		ry A. Tay	vior S	r _hiis	hand	Same	e as
	AUSE OF DEATH (Enter anly ane cause per		Inai	1 y no 1a	,101, 0	I Hab		ERVAL BET	DAIFFAL
	PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).)	. 0	1 0				NSET AND D	
	IMMEDIATE CAUSE (o)	Cogestine He	art	failure					
	416X DUE TO	00 + 11	4						
	ions, if ony, which gove (b)	Kleunde Hea	10	leane		40 -130			
	the underlying couse DUE TO						100		
lost.) (c)						- 1		
PART	II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATI	ED TO TH	E TERMINAL DISEASE CON	DITION GIVEN IN	PART 1(a)	19.	WAS AUTO PERFORM	PSY
IJO	Onema - at-	o'Alalation							NO T
20g. A	CCIDENT WAS UNDERLYING [7]	20b. DESCRIBE HOW INJURY OCCL	IRRED. (F	nter nature of injury in F	Part I or Part II of	item 18)			
OR CO	NTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW MOOK! OCCO	onnes. (E	mer nature of injury in t	un i un i un i un	110111 10.)			
를 20c. 1	TME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20	Oe. PLACE	OF INJURY (Home, farm	. 20f. (City	ar tawn)	(County)	- ((State)
WED	Hour o.m.	While Not While	foctor	y, street, affice bldg., etc.)			, , , , , ,		
- 0	p.m. 19 1 1. I certify that (I) (this haspital)	at wark L	//	<i>57</i>	0/2 4-//	17.	10 / 7 4	-1 (1) (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	is the deceased alive an 132			death accurred at	967 , to 19	m causes an	_, 17 <u>.6.7</u> , 11	te statec	wej iasi Labave
	SIGNATURE!	0	-				22b. DATE SIGN		
4 DE	THE WAR		M.D.		MED. DIRECTOR	STAFF PHYS.			
2200	PHYSICIAN'S		1 3 1 1	22d. ADDRESS					
	NAME (Type) Robert D.]	Deitz M.D.	,	PrinceGe	orges Pl	AZAH)	Atts will	e Md	-
	AL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CR	EMATORY	23d. LOCATIO	N (City or Town)	(County	(S	tote)
Buri	al 8-16-67	Nat. Memo	oria	1 Park	Falls			gini	a
	RAL DIRECTOR	ADDRESS			BY REGISTRAR		TRAR'S SIGNATU		
	Funeral Home 300		Wael		AUG 16	1967	Milane		edge
	dictal nome Joo	MOIT DO: NT	11 (4.01	Z D O Y DAIL	AUUID	1001	1	1	0

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VR A15 (4) 20 M 1/66

Page 4 may be retained by the haspital ar attending physician.

THE PART OF THE PROPERTY OF TH .5.C. mandifers a. D.C. P. 12 0 1.32 . I forlows betome morrow spoints activity of the property of th ALLES THE CONTRACT OF THE CONT Septim and the of a later BEARSON - 13 CELENI . LETTER - 105 -Ballet . news will back large to the vestigation

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11473 11477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay 15 a. COUNTY o. STATE b. COUNTY Prince George s
b. CITY OR TOWN (If outside corporate limits, Prince George's MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b M3. write RURAL and give nearest town) Fairmont Heights Cheverly 23 minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Prince George General Hospital 5507 Sheriff Road 24 haurs after death. I Office along with 3. NAME OF Middle 4. DATE Last Doy Year DECEASED Terrell DEATH (Type or print) James Richard IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH lost birthdoy) Months Doys within 72 haurs after death. WIDOWED May 1909 Male Negro 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working **INDUSTRY** COUNTRY 2 d "pending" in pencil in Chief Medical Examiner's pencil EATHER'S NAM be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit event ONSET AND DEATH IMMEDIATE CAUSE (a) Sub-dural hematoma, bilateral writing the ward This certificate shauld DUE TO And multiple pelvic fractures the dny Conditions, if ony, which gove (b) From trauma - auto accident rise to immediate couse (a). farwarded ta .⊑ DUF TO stoting the underlying couse and WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) remaval, PERFORMED? YES X the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 3 shauld PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Pedestrian struck by car. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year While at work of work Sheriff Rd. & Nash Rd. Prince George Cb. may be retained far yaur FUNERAL DIRECTOR: Page 1:55am p.m. 8-13-2). I certify that I took charge of the remains described above, held on Autopsy (x), Inspection (x), Inquiry (x), ond in my opinion . Accident c. Suicide . Homicide deoth resulted from: Undetermined monner Noturol equies funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** TO FUN. Health P NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) LOCATION (City or Town) (Stote) BURIAL, CREMATION VR A15ME (\$

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased			ce before o	admissian)
1	Prince	Maryland Prince Georges									
		If outside carporate limit	's.	MARYL C. LENGTH OF STAY IN		c. CITY OR TOWN (If or	utside corporate	limits, write RUI	RAL and give	e negrest t	own)
	write RURAL on	d give nearest tawn) Y	,	20 days		Bladensbu			J		12-1
-		Y AL OR INSTITUTION (If n	at in bacaital -			d. STREET ADDRESS	rg			1 0	IS RESIDENCE
1											ON A FARM?
7_		Georges Ger				4115 - 51				YES	NO NO
	NAME OF DECEASED	F	irst	Middle		Lost	4. DATE	Mont		Doy	Year .
(Type ar print)	F	Everette			nompson	DEATH	Aug		22,	19 67
S. S	ZEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	XX X	B. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER		Haurs Min.
-	Male	White	WIDOWED	DIVORCED		July 21,194	13	24 yrs.	Multilis	Duys	mill.
duri		N (Give kind of work done life, even if retired) LN	IN	ND OF BUSINESS OR DUSJRY LLING CO.		11. BIRTHPLACE (County Washin 14. MOTHER'S MAIDEN	gton D			TIZEN OF V	VHAT
		Herman Tho	mpson		32	Mary I	Thomp	son			
IS. (Yes	WAS DECEASED EVI s, na, or unknawn)	R IN U.S. ARMED FORCES? (If yes give wor ar dates	af service) 220	SOCIAL SECURITY NO. 1 40 3405		ry L Thomps	son B	Addre ladensbu		Md.	
	PART I. DEA Conditions, if any rise to immedia stoting the under lost.	which gave the cause (o),	(a) Bac	cterial Men	4	tis sis - genera	alized	-asyste	mic	ONSE	VAL BETWEEN I AND DEATH
CATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(a)		19. W PE YES	REFORMED?
CERTIFICATION		S UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	CURRED.	Enter nature of injury in	Part 1 ar Part	II af item 18.)			
MEDICAL	Haur a.	URY Manth, Day, Year m. 19	20d. IN While ot wark	Not While		CE OF INJURY (Hame, farr ory, street, office bldg., etc.		(City ar tawn)	(Cou	unty)	(State)
		fy that★() (this ha eceased alive an_	spital) attend	ded the deceased f 22, 1967, a	ram_ nd that	Aug. 2, , death accurred at	19 <u>67</u> , ta 7:30 M,	Aug. 2 fram causes	2 , 19 (and on th	6.7, that he date	t (30 (we) las stated abav
	22a. SIGNATURE	n B. Ju	glein	Ver. P.	M.D	ATTENDING PHYS.	MED. AM DIRECTOR	STAFF NHYS.	-	ug. 22	2,1967
	22c. PHYSICIAN'S NAME (Type		B. Ingh	am, M. D.		Prince G				ital	
23a	BURIAL, CREMATI REMOVAL (Specif- Burial	ON, 23b. DATE THAT	HEREOF 1, 1967	23c. NAME OF CEMET Ft Lincol		emetery	Colma	ATION (City or To Lr Manor	Pro		(Stote) Md.
24	. FUNERAL DIRECTO	F. Gasch's	Sons	Hyattsvill	le,	12	D BY REGISTRA	1967 0	Class	IGNATURE	udge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after deat Page 4 may be retained by the haspital ar attending physician.

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7	1	1 tems 18&21 Film 392 MARYLAND STATE DEPARTMENT OF HEALTH 9-20-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	FOR STATE	11475 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11479
	HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY Virginia
_	S S S S S	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	ss 1, 2, 2, 2, 2 or bepo	Hyattsville Fairfax d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) In front of 3803 73rd. Avenue 3961 Perisimmon Drive Hyattsville G. IS RESIDENCE ON A FARM? YES \(\sum \text{NO} \)
	Give Pages 1, ong with farm ong with farm the State Dept.	3. NAME OF Eirst Middle Last 4. DATE Month Doy Year DECEASED OF OF OF DEATH 8 2 19 67
	haurs aft em 18 G Office afor and 2 with death.	Male White WIDOWED DIVORCED 11-51-1919 47 yrs. Months Doys Hours Min.
	thin 24 Pencil in It miner's C pages 1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
xecuted withi dding" in penc Aedical Examii permit, File po vithin 72 haur	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service) 496—18—5208 (Mrs. Beryl. W.	
	MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, a directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PN retained far your files. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Departer to burial, cremation, or remayal, and in any event within 72 haurs after death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause DUE TO DUE TO INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH DUE TO
	is certificate te, writing tarwarded farwarded e used as a maval, and i	lost. (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	INER: This certificate, writ shauld be farwar files. 3 shauld be used rian, or remaval,	PERFORMED? YES NO CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
TO DEPUTY MEDICAL EXAMINER: This certineessary, please execute the certificate, writhe funeral directar. Page 4 shauld be farwa 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used Health priar to burial, crematian, or remayal,		20c. TIME OE INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED of work of
1	ector. Parined for RECTOR:	21. I certify that I took charge of the remains described above, held on Autapsy
	DEPUTY MEDICA necessary, please ex the funeral directar. 5 may be retained in 5 FUNERAL DIRECTO Health priar to burie	ACTUAL SIGNATURE
	TO DEPUTY necessary, the funeral 5 may be 1 TO FUNERAL Health pria	230. BURIAL, CREMATION, 23b. DATE THEREOE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8/5/67 Pertland Cemetery Portland, Missouri
	VR A15ME (5) 6M 1/67	ADDRESIO 565 Main St. 250. RECO BY REGISTRAR 256. REGISTRAR'S SIGNATURE Fairfax, Virginia DATE AUG 4 1967 Floring Judges

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MARYLAND STATE DEPARTMENT OF HEALTH

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Nin by the funeral ens. Pages Land 2 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Poge 4 moy be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, we have the content of the c

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1.	PLACE OF DEATH a. COUNTY					Where deceosed lived, if institu		efore odmission)
	Prince (Georges		MARYLAND	Maryland	b. (Ql Pri	nce Geor	rges
		(If outside corporate limit	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote limits, write RI	JRAL ond give ned	orest town)
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S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors	IF UNDER 1 YEA	
F	emale	White	WIDOWED	DIVORCED	3/22/04	lost birthdoy) 63 yrs.	Months Do	ys Hours Min.
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dui	ring most of working	life, even if retired)	11	NDUSTRY	Marylan	nd	COUNTY	RY?
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15		ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 17.	INFORMANT	Add		
(Y	es, no, or unknown)	(If yes give wor or dotes	of service V					
	No				Mr. A.W.TI		ove add	ress)
	18. CAUSE OF D	EATH (Enter only one cau			Husba	mod (ONSET AND DEATH
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	Conditions, if on		(b) Will	elliosc/EHOX	B HARK	Or DISEASI	E 1	17/2
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	last.)	(c) 100	chrao Ox	lear Sels	2,5208		1 LYL -
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TION	Ch Vo	Linial 1	116-11	we lin	100 0/2 0	the teams		PERFORMED?
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L CERTIFICATION	OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)	200. 0	ESCRIBE HOW INSORT OCCURRED.	(cine notice of injury in	Ton Ton Ton In or nem 10.)		
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	saw the d	eceased alive an	Aug. 1	7. 1967 and the	it death accurred at	2:18/W, fram causes	and an the c	date stated above
	220. SIGNATURE		/			MED.PM STAFF	22b. DATE S	
	Mai	12/1/9	unc	1119X). M	D. PHYS.	DIRECTOR D STAFF DIRECTOR DHYS.		18,1967
	22c. PHYSICIAN	Je of the	1000	1	22d. ADDRESS	DIRECTOR 1113.		
	NAME (Type		Bann	ing, Jr., M.D.	3408 Rhod	le Island Ave.	Mt.Raini	ler, Md.
23	o. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or T	own) (Cou	unty) (Stote)
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		ORNalleyis	Fune		inier, 250. REC	D BY REGISTRAR 2Sb. R	REGISTRAR'S SIGNA	ATURE
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12-1	MAKTLAND STATE DEPARTMENT OF HEALTH → → F, F) ○ DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11482
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
y of gets:	o. COUNTY 6. STATE 6. COUNTY
PM3. Page	b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
del del	write RURAL and give nearest town)
	Cheverly DOA Beltsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE
Give Pages 1, and with farm the State Dep	ON A FARM?
Pages ith far ith far State	rince deorge deneral mospital willow the way
r dea y with	DECEASED
after death. 8. Give Page alang with f	(Type of print) John Edward Tucker DEATH 8 5 19 67 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
	lost birthdoy) Months Doys Hours Min.
ffice of death	Male White WIDOWED DIVORCED 27 April 1913 54 Yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
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24 in in ges affe	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
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l wit n per Exan File 2 hau	John Edward Ducker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11. O. ANDRESS AND III Panel
executed nding" ir Medical I permit. I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Yes 421-10 5091 Marion Lee Jucker Beltsville, Maryland
INER: This certificate shauld be executed within 24 the certificate, writing the ward "pending" in pencil in It shauld be forwarded to the Chief Medical Examiner's Gilles. 3 shauld be used as a burial-transit permit. File pages fian, ar remaval, and in any event within 72 haurs after	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
uld ard e Cl ll-tr	DUE TO Arteriosclerotic heart disease over 10 yrs.
shau wa the urial- any	Conditions, if ony, which gove (b) (b)
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ficate s ting the rded ta as a bu	lost. (c)
This certificate cate, writing the forwarded to be be used as a tremaval, and in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
R: Th rrifficat ould be auld by ar rer	PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
A + + + D = D = D	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of
MEDICAL EXA please execute director. Page etained far you DIRECTOR: Page to burial, crem	21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection x, Inquiry x, and in my apinion
se exector. Performed for burial, burial,	deoth resulted fram: Natural causes X Accident / Suicide . Homicide . Undetermined monner
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dir dir	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TY, 'Y, and hard	DEPOSITE VICTORIA PARAMETER PROPERTY AND
DEPUTY MELLA ressary, please es e funeral directar. may be retained FUNERAL DIRECT	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 8-6-67
TO DEPUTY necessary, the funeral 5 may be 10 FUNERAL Health pria	230. BURIAL, CREMATION, Sb. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (pectry) REMOVAL (pectry) Birningham, Alabama
THE PARTS TO BE	ANADIEC DECIDED OF DECICEDAD OF DECICEDAD'S CICHATMOE
VR A15ME (5) 6M 1/67	Warner E. Pumphrey. Inc. Silver Spring. Md. DATAUG 9 1967 Clarks Grant Registrar's G

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1 1/		STON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	11479 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)	1
is af age	o. COUNTY Prince George's MARYLAND	o. STATE District Of Columbia	/
d 3 d 3 . Pa	b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)	
W A A B G G	write RURAL and give nearest town) Cheverly DOA	Washington 47.5	
84 FINI	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Washington d. STREET ADDRESS e. IS RESIDEN ON A FARM	ICE
es l'farm farm	Prince George General Hospital		DC 0
Page 1	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year	
g w d	(Type or print) Vernor O.	Tyler DEATH 8 23 1967	
aft de	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 Months Doys Hours	HRS. Min.
urs ce ce d2 v	Female Negro WIDOWED DIVORCED	6-28-1922 45 yrs.	
hau Item Offii and	Female Negro WIDOWED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
24 in les les lafte	Seamstress Re-Weaving Co.	South Carolina U.S.A.	
hin ncil nine pag	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
with per xan xan hou	Dayton Owens	Willie Thompson	
it. F	(Yes, no, or unknown) (If yes give wor or dates of service)	7. INFORMANT Address	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is an necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. MEDICAL CERTIFICATION.	No 579-22-847	Mr. Grover Tyler 3817 South Dakota Ave.	
ex f M f M t wit p	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWE ONSET AND DEA	
Thie chie	IMMEDIATE CAUSE (o) Laceration of Dra	ain	
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ate g the ed to od in	stoting the underlying cause (c)		
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farw farw farw	NOTES SOMECANT COMMINIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO	AEZ WO	? [xt
fica fica l be ld b	20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I or Port II of item 1B.)	
ER: rent aulo es. hau		hich collided with bridge abuttment. PLACE OF INJURY (Home, form, 20f. (City or town) (County) P.G. (Sto	
he he sh fill 3 s atio	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) P. G., (Sto	ite)
	L:UUDM p.III. 8-23- "O/ OTWORK I OF WORK I Da.	foctory, street, office bldg. etc.) lt. Wash. Parkway, Beltsville, Md.	
- 20 D G	21. I certify that I taok charge of the remains described above,		oiniar
tar. ed to CTO	death resulted fram: Natural causes Accident . S	Suicide , Homicide , Undetermined manner	
ARE Bired Ir	ACTUAL OF OFF	CHIEF MEDICAL EXAMINER 22. DATE SIG	GNED
rel d	SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DIVED
Sary merch be ERA	EXAMINER'S	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 8-24-6'	7
cess may Fun	NAME (Type) John Kehoe, M.D. Riverdale, M. 236 BURIAN REMATION 1/236 DATE THEREO 1236 NAME OF CEMETERY.	OR CREMATORY 23d. LOCATION (City or Town) (County) (State	-
10 the	REMOVAL (Specify) 828/67 LUNCOLL	V Man DAVIAN	Vd
Q	24. FUBAMOBUTEER INC FUNERAL HOME & ADDRESS	250. KEC'D BY REGISTRAR 25b. KEGISTRAR'S SIGNAYJRE	Le
6M 1/67	8900 GEORGIA AVENUE, N. W.	DATE AUG 29 1967 Jeliantes Judge	•

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11482 11486 puo the attending physicion and completely filled in by the fureral sit permit. Then please remove carbon papers. Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE District of Columbia Prince George PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Washington Hyattsville Weeks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Sacred Heart Home, 5805 Queens Chapel Rd. 36 T Street, N.E. NO X YES carbon party 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED 19 67 Anna Mae Scott Warner (Type or print) DEATH August 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Female Negro WIDOWED DIVORCED May 26, 1896 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Clerical Brooklyn, New York United States 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Scott Annie Johnson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 579-24-4417 Sacred Heart Home, Hyattsville, Maryland no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: arcinomatosis IMMEDIATE CAUSE (o) signed by physicion. DUF TO INDOMETRIAL CARCINOMA (RIMARY Canditians, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying cause Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth NO IL for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While ot wark at work 21. I certify that (I) (this haspital) attended the deceased fram. 1967 to 1967, that (1) (we) last and that deoth occurred at 103AM, from causes and on the date stated above saw the deceased alive on... 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S GEORGIA NAME (Type) CABANISS, director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 7 Gates of Heaven Cemetery Silver Spring, Maryland 25b. REGISTRAR'S SIGNATURE 3015 120 St 250. REC'D BY REGISTRAR ADDRESS VR A15 (4) 20 M 1/66 DATE AUG 1967

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11484 11488 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE 6 COLINTY deloy is ond 3 to M3. Page Prince George's Jo. deoth. MARYLAND Pro Geo County Deportment CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Hyattsville, Md. Riverdale DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours pencil in Item 18. Give Pages 1, caminer's Office along with form 4002 Queens Chapel Road Leland Memorial Hospital ote YES NO X 24 hours ofter deoth. 3. NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED Dolphin Weber August 19 67 12. W. Within (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED male white Hours Dec 31, 1911 WIDOWED DIVORCED ever 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Asst Vice resident INDUSTRY UCOUNTRY? Washington D. C. AUD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Oscar Weber Bertha Walker pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES:
(Yes, no, or unknown) (If yes give wor or dotes of service) 577 22 2099 removol Kathleen P. Weber Hyattsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (6) Heart failure writing the ward This certificate should cremotion, DUE TO Arteriosclerotic heart disease unknown Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 0.5 buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, NO TO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Poge ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry x ond in my opinian the funerol director. Natural causes & M Accident Suicide . death resulted from: Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be r TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** 8-13-67 NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Colmar Manor Pro Geo Md. Aug 16, 1967 Ft Lincoln Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1967 VR A15ME F. Gasch's Sons Hyattsville, Md. 6M 1/66

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		MEDICAL EXAMINE		1489
ŶΤ.		PLACE OF DEATH	USUAL RESIDENCE (Where deceased lived, if institution: Resid o. STATE b. COUNTY	lence before admission)
99	1	Prince George's MARYLAN	Maryland Prince	George 's
		Prince George's MARYLAN CHTY OR TOWN (If outside carporote limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 11		give nearest tawn)
		Cheverly	Greenbelt /	61
0.0	-	I. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
99		Prince George General Hospital	7100 Hanover Parkway	YES NO 🔀
	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
1		DECEASED Type or print) James Robert	Weedon sr DEATH 8	25 19 67 ER 1 YEAR IF UNDER 24 HRS.
	S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UND) last birthdoy) Manths	ER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
		Male White WIDOWED DIVORCED [27 Nov. 1911 55 yrs.	
	1Da	USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fareign country) 12.	COUNTRY?
ffer	C	ng mast af warking life, even if retired) erk Payroll Dep't U. S. Governme FATHER'S NAME	11 "451111150011 2 0 0 1	SA
S	13.		14. MOTHER'S MAIDEN NAME	
ngu		Andrew M Weedon	Maud G Railey	
7.5	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknown) (If yes give war ar dates of service)	17. INFORMANT Address	
	1110	no linking with yes give with all dates of service 215 26 0062	Leona F Weedon Greenbelt, I	ld.
event within 12 haurs after death		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure		INTERVAL BETWEEN ONSET, AND DEATH minutes
eve		H200 DUE TO Arteriosclerotic	heart disease	over 1 yr.
		Conditions, if any, which gave)	Hear o draease	3,01 1 31
		rise to immediate cause (a),		4 / = - 1 - 1 - 2
		stating the underlying couse last. (c)		
Health prior to buriol, cremation, or removal, and	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
0	FICA	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	RED. (Enter noture of injury in Port I or Port II of item 18.)	7.65
	CERT	PRIMARY □ ar CONTRIBUTING □ CAUSE OF DEATH.		
	MEDICAL CERTIFICATION	2Dc. TIME OF INJURY Manth, Doy, Year 2Dd. INJURY OCCURRED 2D	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or tawn)	Caunty) (State)
	5	p.m. 19 atwark atwork		
		21. I certify that I took charge of the remains described above		
		death resulted fram: Natural couses (C), Accident,	Suicide , Homicide , Undetermined monner	
		ACTUAL A GOLD	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X	01112
1		EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale,	Md • Address (Street, city, tawn, or county)	8-25-67
0	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	12	(County) (State)
		Jul Lat	In Cemetery Colmar manor Pr	
0	24	F. Gasch's Sons Hyattsville	, Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR' AUG 29 1967 gelland	S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11486 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta Page Prince George's

b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Maryland MARYLAND Prince George's C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 3 mo. 6 days Hyattsville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4 should be farwarded to the Chief Medical Examiner's Office along with form NO V This certificate should be executed within 24 haurs after death. I icate, writing the word "pending" in pencil in Item 18. Give Pages Prince George General Hospital 5701 Longfellow Street 4. DATE NAME OF Middle Day Year DECEASED Welch (Type or print) Joseph DEATH IF UNDER 24 HR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdov) Months Days Hours death. WIDOWED DIVORCED June 1925 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY within 72 haurs after Maine engineer in pencil i 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert Welch Mary G (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 007 12 9779 Dorothy F. Welch Hyattsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit event IMMEDIATE CAUSE (0) Metastatic adeno carcinoma the certificate, writing the word DUE TO in any Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse gud SD be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? ar remaval, NO IX 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. Page While Not While foctory, street, office bldg., etc.) ot work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry x and in my apinian FUNERAL DIRECTOR: death resulted fram: Natural causes X. Accident Suicide 1 Hamicide Undetermined manner funeral directar. be retained CHIEF MEDICAL EXAMINER prior ta ACTUAL. 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. Address (Street, city, town, or county) NAME (Type John Kehoe, M.D. 23c. NAME OF CEMETERY OR CRAMAPORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 0 Burial (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Md. Aug 4, 1967 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D, BY REGISTRAR VR A15ME F. Gasch's Sons Hyattsville, Md. 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11487 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Ohio o. COUNTY b. COUNTY delay is and 3 ta Page Prince George MARYLAND b. CITY OR TOWN (If autside corparate limits, write RURAL ond give nearest town) c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) DOA Fort Recovery Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS e, writing the word "pending" in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with form 99 Prince George Hospital Rt. 2 NO YES This certificate shauld be executed within 24 haurs after death. NAME OF Middle 4. DATE Month Year DECEASED OF 19 67 19 Melinda Wendel Berdine DEATH (Type or print) NEVER MARRIED & 9. AGE (In years S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED last birthdoy) WIDOWED DIVORCED 24 Aug., 1947 death 10b. KIND OE BUSINESS OR Store 11. BIRTHPLACE (Stole or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) event within 72 hours after Clerk (Grecery Ohio 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME Rita Timmerman Melvin Wendel 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 307 46 1089 Hespital Records Address 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (o) DUF TO any Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse 0 3 shauld be used 19. WAS AUTOPSY or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? please execute the certificate, NO shauld be 20o. EXTERNAL CAUSE WAS PRIMARY □ TOP CONTRIBUTING □ CAUSE OE DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) MEDICAL EXAMINER: Drowned while swimming in a pool.

TNURY OCCURRED 2 20e. PLACE OF INJURY (Home, form, 20f. crematian, MEDICAL (Stote) 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) 316 Marcy Ave. While of work of work FUNERAL DIRECTOR: Page Md. Oxon Hill P.G. 19 67 5:00 am 8 21. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, far and in my apinian Accident Natural couses Suicide . Hamicide Undetermined manner the funeral directar. death resulted from: 5 may be retaine TO FUNERAL DIRE: Health priar ta b CHIEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-19-67 John Kehoe, M.D., Riverda FRHTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, St Anthonys Cemetery Fert Recevery, Ohio 8-23-67 **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNWILLE 24. EUNERAL DIRECTOR VR A15ME (5) Mt. Rainier, Md Nalloy Funeral Home 1001 6M 1/67

The East Continued Continu CASA TO CHEMP OF THE STATE Buttons and Type water of The Party A CONTRACTOR OF THE STREET A ST STATE OF THE Communication is a second of the second of t Market Company of the Company of Company of the Com THE TAX THE PERSON OF THE PERS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

11488

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11492

	LACE OF DEATH				2. USUAL RESIDENCE	E (Where deceosed lived, if instit	ution: Residence	before odmiss	ion)
0.	COUNTY	00 1 -		MARYLAND	o. STATE	b. (0			
h	CITY OF TOWN	George's If outside corporate limit	te.	c. LENGTH OF STAY IN 1b	II IIGLL V LO	nd P	rince G	eorge'	S
U.		d give neorest town)	15,		Landov	outside corporote limits, write R	UKAL ond give r	nearest town)	,
d		AL OR INSTITUTION (If n	ot in hospital	4 hrs.	d. STREET ADDRESS	01		I e. IS RESI	IDENCE
		George's Ge				Columbia Avenue		ON A I	
3. N	AME OF ECEASED		irst	Middle	Lost		nth	Doy Ye	ear
(1)	ype or print)	Ве	everly	June	White	OF DEATH AUG	ust 11	19	67
s. SE	X	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.
	emale	White	WIDOWED	DIVORCED	9/1/32	34 lost birthdoy) yrs.	Months [Doγs Hours	Min.
10o. U	JSUAL OCCUPATION	(Give kind of work done	10b. K	NDUSTRY home	11. BIRTHPLACE (Cou	nty & Stote, or foreign country)		EN OF WHAT	
auring	House Du	life, even if retired)	l Ir	home	Scottdal	le, Pennsylvani	a U	NA S	
	FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
	Ernest	R. Smith			Evelyr	Brown			
15. V	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFORMANT	Ado	ress		
(Yes,	No, or unknown)	(If yes give wor or dotes	of service)	33-48-7058 L	ee Seibert V	White 1705	Columbi	la Aven	iue
T		EATH (Enter only one co			(Husband)	Lanc	lover,	INTERVAL BE	
		TH WAS CAUSED BY:						ONSET AND	
	1111 7 V	IMMEDIATE CAUSE		e Cardiac Ar	rest (Clinic	eal)			
	7731		10		D:	A			
	Conditions, if ony rise to immediot	(0) 02110) 0	(-)	percensive He	art Disease.	- Arterioloscle	rosis		
	stoting the unde		10						
1	last.)	(c)						
CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)		19. WAS AUT PERFORM YES X	TOPSY MED? NO
8 7	20o. ACCIDENT WA	S UNDERLYING [20b. DI	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port II of item 18.)		1 (25)	
3		CAUSE OF DEATH			(=-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,				
8 !		MEDICAL EXAMINER)	1 204 1	NJURY OCCURRED 20e.	PLACE OF INJURY (Home, 1	form, 20f. (City or town)	(Count	hul.	/State)
MEDICAL	Hour o.r	10	While of wor	Not While	foctory, street, office bldg.,		(Coun	ΙΥ)	(Stote)
	21 L certi	for that (1) (this has		ded the deceased from	Jaly 27	1967 to aug	4 196	2. that (I) ((wo) la
		eceosed olive on_	.5/			at 8:23M, from couses			
	22a. SIGNATURE	7/12 . 21	1 11:	Dec. 5 .1 2	ATTENDING	MED. A.M. STAFF	22b. DATE	SIGNED	
		MUSIK N	1 - 776	exa better	M.D. PHYS.	DIRECTOR PHYS. [3	/11/67	
	22c. PHYSICIAN'S	*			22d. ADDRESS				
	NAME (Type)	Dr. Max M	1. Herz	berg	3308 Dod	ge Pk. Rd., Land	over, M	d.	
	BURIAL, CREMATIC		IEREOF	23c. NAME OF CEMETERY	OR CREMATORY .	23d. LOCATION (City or 1	own) (C	ounty) (Stote)
	REMOVAL (Specify	8-14-1	967	Rosedale Ce	meterv	Martinsburg	Bert	kelev V	N. V
	FUNERAL DIRECTO)	ADDRESS	2So. R	EC'D BY REGISTRAR 2Sb.	REGISTRAR'S SIG	NATURE	
	Bras.	Mount	Ma:	rtinchura W	Va - DATE	AUG 1 4 1967	Clian	les Jus	ge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and any event, within 72 hours after death VR A15 (4) 25M 1/67

Table Colonial in Assistant Scottante, Peautylands Evelyn Brom Rouge I. Salth 231-48-7058 Lee Seinert waite 1705 Columbia Avenue strate of care and the care a ditar; ober other cale D. Mary H. H. rabert B. L. Life Bolley Block Transfer Mr. H. rabert Mar. - Supint - S-1/-1967 Readdin Cenetery Martinoburg - B plater N. Va. MC PALED AND STREET AND STREET AND STREET AND STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11489

CERTIFICATE OF DEATH

11493

t-tip.	7202		CERTI	ICAIL '	JI DEATH						
1. PLACE OF DE	ATH			2	USUAL RESIDENCE (V	Where deceo			ence befor	e odmissio	on)
o. COUNTY	Direction of the second		MARY	(IAND	o. STATE		b. cot	INIY			
Pri	ce Georges				Maryland		P.G.				
b. CITY OR TO write RUR	WN (If outside corporate lim L and give nearest town)	nits,	c. LENGTH OF STAY I	N Ib	CITY OR TOWN (If ou	itside corpore	ote limits, write RI	URAL ond gi	ive neares	t town)	,
River	dale		8 days		Hyattavil	le				o ic preir	6 /
	nd Memorial H			0	. SIKEET ADDRESS					ON A F	ARM?
		-			4212 Long						NO Z
3. NAME OF DECEASED	UPTYPY	First	Middle Annie	E. \	lost Villis	4. DATE OF	Moi 8	nth	Doy 4	Уес 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED			ATE OF BIRTH	DEATH	AGE (In years	I IF UNDE	R 1 YEAR	I IF UNDER	
F.	W.	WIDOWED					lost birthdoy)	Months	Doys	Hours	Min.
					7-10-72	26	95 Yrs.	1 10	CITIZEN OI	MALLAT	
during most of wo	ATION (Give kind of work don rking life, even if getired)		(IND OF BUSINESS OR NDUSTRY		1. BIRTHPLACE (County	& Stote, or to	reign country)		CITIZEN OI OUNTRY?		
	lousewife		NDUSTRY Liome		Virginia				K S	U.	S.
13. FATHER'S NA	ME			14	. MOTHER'S MAIDEN	VAME					
A.G	Willis				Sara Gord	on					
IS. WAS DECEASE	D EVER IN U.S. ARMED FORCES wn) (If yes give wor or dotes	5? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
no, or unkin	wn) (if yes give wor or dores	s of service)	216 12 488	37 H	spital re	cords					
	OF DEATH (Enter only one of	ouse per line fo		<u>u</u>	Oparal 10	00100			INT	ERVAL BET	WFFN
PART	DEATH WAS CAUSED BY:	1	ONGEST	TIVE	HEAR	TE	TILURI	9		SEI AND D	
4.50	IMMEDIATE CAUS		20.0003	100	V/ (-		1100.0			7. 91	173
Conditions	fony, which gove)	JE TO	FEN. A	RITER	ROSCLE	RISCIST	9		10	NKA	OWN
	ediate couse (a)	(b)	3 0 1						-		
	underlying couse DU	JE TO							150		
last.		(c)									
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE	TERMINAL DISEASE CON	NDITION GIVI	N IN PART 1(o)	- 1		WAS AUTO PERFORM ES	OPSY ED? NO
S 200 ACCIDEN	T WAS UNDERLYING	20h D	ESCRIBE HOW INJURY OF	CCLIRRED (Ent	er noture of injury in	Port Lor Par	rt II of item 18)			[3 []	NO LIZ
OR CONTRIB	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	200. 0	ESCRIBE HOW INJURY OF	CCORRED. (EIII	er motore of impry in	1011101101	i ii oi iieiii io.j				
20c. TIME O	F INJURY Month, Doy, Yeor or o.m. p.m. 19	Whil			F INJURY (Home, form street, office bldg., etc.)		(City or town)	(0	ounty)		(Stote)
21 1	ertify that (I) (this ha			from 7	. 26 .1	9 67 1	0 8.4	19	671	at (I) (we) In
	e deceased alive an_	8.	3 1967,0	and that de	eath accurred at	1					
22o. SIGNA	URE	OM	· · · · ·	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b.	DATESIGN	ED V.	57
22c. PHYSIC NAME		HOUR	IANN		22d. ADDRESS		ITRDA	LE	7	as	
23o. BURIAL, CRE	MATION. 23b. DATE T	THEREOF	23c. NAME OF CEME	ETERY OR CRE	MATORY	23d. LC	CATION (City or I	own)	(County) (S	tote)
REMOVAL	L. Nisa					1/4 T	am Naman	Dance		1 114	d.
	AI Aug 7	. 1967	Ft Linco	In Cem	eterv	COTM	ar vanor	Pro	Geo	M	u.
24. FUNERAL DI	RECTOR	, 1967	Ft Linco	ln Cem		BY REGISTI		EGISTRAR'S			u.
24. FUNERAL DI						BY REGISTI		EGISTRAR'S	SIGNATUI		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove calbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in one event, within 72 hours after death. Poge 4 may be retoined by the hospital or attending physicion. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter de

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY 古古中 MARYLAND LINCE TINCA b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) dar e d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 105 CH NAME OF Middle Month Day Year DECEASED OF (Type or print) WINASD DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Days an WIDOWED ! DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or toraign country) dona during most of working life, even if retired) Maryland U. S. A. Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hutchinson Sarah Ridgeway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes; no, or unkown) | (If yes give wer or dates of service as Item #2 BETWEEN James A. Windsor-Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ONSET AND DEATH OR IULMONAL PART I. DEATH WAS CAUSED BY-2-WK5 IMMEDIATE CAUSE (e) DUE TO Emphy sema of Lungs attending Conditions, if eny, which (b) geva rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work et work p.m. OR: 21. I certify that (I) (this hospital)/attended the deceased from from the causes and on the date stated above. saw the deceased alive an and occured a DATE 22e. SIGNA SIGNED ATTENDING DIRECTO PHYS. PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22 d. ADDRESS ect 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. DATE THEREO! REMOVAL (Specify) OL Epiphany Buris Cometery Md. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (41 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7,61 Ritchie Bros. Upper Marlboro, Md.

certificate

MARYLAND STATE SEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. uneral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY .. o. STATE b. COUNTY haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) the death certificate be executed within 24 hours papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO DO WIT B. WAME OF Middle carban First 4. DATE Lost Month Doy Year campletely DECEASED event (Type or print) DEATH SEX AGE AGE (In rears lost birthday) 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 1'YEAR IF UNDER 24 HRS NEVER MARRIED remave Months Dovs Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired), physician nen please INDUSTRY COUNTRY? Remucka 13. FATHER'S NAME 14. MQTHER'S MAIDEN NAME ar remayal. attending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service crematian, CAUSE OF DEATH (Enter only one cause per line for (o), (b), INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH requires that IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUF TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar ta the QW last. OS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health p NO K this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) State Dept. of OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 1967, that (1) (we) last saw the deceased alive an acre 6 1967, and that death agrired at 240AM, from Jouses and on the date stated above 220. SIGNATURI 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR filed PHYS. PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Max M. Herzberg 3308 Dodge Park Rd Landover. Md NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)-24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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M	1		E OF DEATH	11496					
		PLACE OF DEATH a. COUNTY Prince Georges MARYLAND	USUAL RESIDENCE (Where deceased lived, if institute a. STATE b. COUN	NTY					
		b. CITY OR TOWN (If autside carparate limits, Lenn Dale (rural) c. LENGTH OF STAY IN 1b 9 days	c CITY OR TOWN (If autside carporote limits, write RUF Hartford, Conn.	45.3					
/		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Glenn Dale Hospital	d. STREET ADDRESS 57½ Barbour St.	e. IS RESIDENCE ON A FARM? YES NO					
			last 4. DATE Mant OF DEATH Augu	ast 25, 1967					
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 37 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.					
	Se	. USUAL OCCUPATION (Give kind af wark dane ing mast af warking life, even if retired) TVICE Sta. attendant 10b. KIND OF BUSINESS OR INDUSTRY garage	11. BIRTHPLACE (County & State, or foreign country) S.C.	12. CITIZEN OF WHAT COUNTRY?					
		Fredman Worthy	14. MOTHER'S MAIDEN NAME d Le Anna Woods						
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknown) (If yes give war ar dates af service) 430-52-3136	INFORMANT Addre	ess					
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary hemorrh		INTERVAL BETWEEN ONSET AND DEATH					
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Pulmonary tubercy	losis	12 /2 years					
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO					
	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)						
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. P While at wark 19 at wark	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) actary, street, affice bldg., etc.)	(Caunty) (State)					
		21. I certify that 1() (this haspital) attended the deceased from 8/16/, 1967, to 8/25/67, that 20 (we) last saw the deceased plive on 8/25/ 1967, and that death accurred at 5:45 AM, from causes and an the date stated abave.							
		70-1	A.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 8/25/67					
1		22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D.	22d. ADDRESS Glenn Dale Hospital, G						
		Burial (REMATION, REMOVAL (Specify) 8/30/67 Church	Wayne Ark	ansas					
		FUNERAL DIRECTOR ADDRESS / ADDRESS /	2Sa. REC'D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE					

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1 - 3	It		EPARTMENT OF HEALTH						
	1	0-5-67 ams DIVISION OF VITAL RECORDS, 301 W. PRES	STON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		MEDICAL EXAMINER'	S CERTIFICATE OF DEATH	11497					
HEALTH DEP	T.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid	dence before odmission)					
ay is 3 to Poge ant of		o. COUNTY Prince George's MARYLAND	o. STATE Maryland Prince C	leorge !s					
delay is ond 3 to M3. Page thent of		CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neorest town)					
2, ond 3 PM3. P		write RURAL and give nearest town) Chevery	Camp Springs	16,1					
ony delay 2, ond 3 nn PM3. Po		Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?					
d within 24 hours ofter death. If of in pencil in Item 18. Give Poges 1, Examiner's Office olong with form. File poges I ond 2 with the state be 72 hours ofter death.		Prince George General Hospital	5213 Sharon Road	YES NO TO					
ofter death. I 8. Give Poges olong with for with the state	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year					
g ve d		(Type or print) Eleanor Virginia	Wright OF DEATH 8	3 1967					
hours ofter death Item 18. Give Pog Office along with I ond 2 with the	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Month	S Days Hours Min.					
rrs (ce o oth		emale White WIDOWED DIVORCED	2-21-1922 45 yrs.						
24 hours in Item 18 r's Office o	10c	. USUAL OCCUPATION (Give kind of work done na most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12.	COUNTRY? USA					
24 in l r's (40,	School Teacher		USA					
hin ncii nine pog	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
I with n per Exam Exam File p		Marine C. Stuckey	Louellen McFall						
	15. (Y	s. no. or unknown) (If yes give war or dotes of service)	7. INFORMANT Address						
ling edic erm ithin		No Robert E. Wright Same As # 2							
be execute "pending" ief Medica nsit permit		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Combined intox		INTERVAL BETWEEN ONSET AND DEATH					
d 'p		MMEDIATE CAUSE (a) OOMBETTICK TITTOOK	cication - barbiturate and						
oute word he (iol-t		DUE TO Conditions, if any, which gove)	ethyl alcohol						
shi shi to the burn		rise to immediate couse (o),							
ficote ting that rded the as o		stoting the underlying couse last. (c)							
certificate should writing the word rwarded to the Ch sed as a buriol-tra sed as a buriol-tra vol, and in any ever		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1(a)	19. WAS AUTOPSY					
2 6 4	CERTIFICATION			PERFORMED? YES NO					
	RTIF	DDIMADVIAL OF CONTRIBUTING 17	ED. (Enter noture of injury in Port I or Port II of item 18.)						
EXAMINER: Total the certification of the should by your files. Poge 3 should I cremation, or recemble of the statement of the		CAUSE OF DEATH. Ingested over	dose of barbiturate and alco						
MIN the 4 sh ur fill ye 3 s	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. Hour o.m. 8-3 1967 While of work 20d. INJURY OCCURRED 20e. Hours of work 20d. INJURY OCCURRED 20e. Hours of work 20d. INJURY OCCURRED 2	fastani atenat affire blde at V	(County) (Stote)					
L EXALI ecute Poge for you R: Poge	2								
MEDICAL EXAMINER: pleose execute the certical director. Page 4 shauld retained for your files. DIRECTOR: Page 3 shount to buriol, cremation, on to buriol, cremation, or to buriol, cremation, or to buriol.		21. I certify that I took charge of the remains described above,							
2 2 2 2 5		deoth resulted from: Natural couses , , Accident , , ,	wicide X, Homicide , Undetermined monner						
MEDICA oleose ex director. efained f DIRECTO		ACTUAL ANTON A SOL	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED					
ZAL AL		SIGNATURE STANDING	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER						
TO DEPUTY MEDICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page 4 Health prior to buriol, cremating		EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, I	Md . Address (Street, city, town, or county)	8-4-67					
the Heal	230	BURIAL, CREMATION, / 23b. DATE THEREOF 23c. NAME OF CEMETERY C		(County) (State)					
FILE			nal Cemetery Suitland, Prince	e Georges, Md.					
VR A 15ME (5)		FUNERAL DIRECTOR Robert E. Wilhelm Funeral Hom	e 250. REAL BY REGISTRAR 19676b. REGISTRAR	SSIGNATUR Judge					
6M 1/67		308 Suitland Road, Suitland, Maryland	DATE	0					

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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=	PLACE OF DEATH					II 2 HCHAL D	ECIDENCE (V	Mhoro doro	ased lived, if	institution	Posidone	a hafava	a das is si	
1	a. COUNTY	OFFICE				PENN:				. COUNTY		e naidle	damissi	
-		GEORGES			RYLAND									V
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		AL OR INSTITUTION (If not				d. STREET A		TARTT	OMDE				ON A F	ARM?
-		DSPITAL AN					DUST		STRE					NO X
3.	NAME OF DECEASED (Type or print)	ROBERT	it 	Middle	YE	Last R GE		4. DATE OF DEATI	1 Δ1	Month IGUS	di.	Day	Ye	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		8. DATE OF BI	RTH		9. AGE (In y	ears	IF UNDER 1		IF UNDE	R 24 HRS.
	MALE	CAU	WIDOWED	DIVORCE		22 Aug	193	6	31	day) I yrs.	Months	Days	Haurs	Min.
	uring mast af working I			ND OF BUSINESS OR DUSTRY					oreign country)		IZEN OF JNTRY?	WHAT	
		SAF		USAF	- 0	DETRO			IGAN			US	SA	
1	3. FATHER'S NAME					14. MOTHER	'S MAIDEN N	VAME						
L		A. YERGE				DORO	CHY A	. CC	APMAN	I				
1	S. WAS DECEASED EVER	R IN U.S. ARMED FORCES? (If yes give wor or dates of	16. S	OCIAL SECURITY NO.	17. I	NFORMANT				Address			100	8 7
1	YES	(ii fes give wor or dates or	36	4-34-471	+0 W-	ife		Sa	me as	# 2				
	The second secon	ATH (Enter only one caus										INTE	RVAL BET	TWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (OAD	DIAC ARE	REST							ONS	ET AND [DEATH
	163X	DUE 1	-/	2210 1111										
	Conditions, if any,	which gave		CINOMA (ים סי	CUT I	IINC	мет	1 \ C \ \ \ \ \	OTO		3 N	100	
	rise to immediate	e couse (a), (CIMONA		LGDI I	وتالالالا	PIE I	ASTAI	11		3 1	105	
	stating the under	TYING COUSE	(c)											
		GNIFICANT CONDITIONS CO		O DEATH DIST NOT DE	LATED TO 1	THE TERMINAL	DISCASE COA	DITION OF	IEM IN DART I	(-)		100	WAS AUT	VSQV
NO	PART II. OTHER SIC	SMIFICANT CONDITIONS CO	INTRIBUTING T	U DEATH BUT NOT KE	LATED TO	INE FERMINAL	DISEASE CON	DITION GIV	EN IN PAKE	(a)		1	PERFORM	ED?
N S	22		T 200 250									YES	S []	NO [
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY (OCCURRED.	(Enter nature o	of injury in I	Part I or Pa	ırt II af item	18.}				
A	(IF EITHER, NOTIFY I	IRY Manth, Day, Year	204 IM	JURY OCCURRED	200 DI A	CE OF INJURY (Hama farm	. 20f.	(City ar ta	· · ·	(Cou	ndu.t		(State)
E	Haur 'o.m	1.	While	Not While		ary, street, office			(CI:Y al la	wii)	(cou	IIIY)		(sidie)
~	p.m		at wark											
	21. I certif	y that 🗱 (this hasp	ital) attend	ed the deceased	fram	3 Augu	ist, I	9.67.	ta 27 F	lugu	s.tl9_E	_7, the	ot (1/2)	we) last
		ceased alive an	7 Aug	ust19 67	and that	death acc	urred a	0:10	M, fram ca	uses an				d abave
	22 STGNATURE	100) 1.1	10		ATTENDIN	G —	MED.	PM		22b. DA		-	,
	X V	and of	milel		M.D). PHYS.		DIRECTOR	PHYS.	X			g 67	
	22c. PHYSICIAN'S NAME (Type)				400	22d. AD	DRESS US	AF H	ospit	al .	Andr	rews	3	
	MAMIL (17pe)	DAVID P.	CAMPB	ELL, CAI	PT US	SAF MC			s AFE					31
2:	Ba. BURIAL, CREMATIO	N, 23b. DATE THE	REOF	23c. NAME OF CEN	METERY OR	CREMATORY		-	OCATION (City			(Caunty)		tate)
F	REMOVAL (Specify)	em. Sen	t.1,19	67 Ros	elan	d Par	k	W	oodwa	rd.	M	ich	iga	n
						2 012	2Sa, REC'D	BY REGIST			TRAR'S			•
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12	V VILLEAX	galla onu	. 011	TTETTO			DATE			W				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the transit director, page 3 should be detached for use as the burial-transit permit. Then please remay authon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificote be executed within 24 hours Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

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